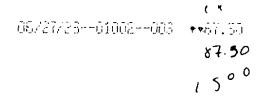
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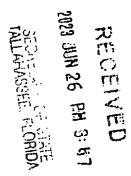
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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6-16-27







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Email: filing@ecfsfiling.com

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CORI	PORATION	NAME(S) & DOC	JMENT	NUMBE	RS(S):
1. <u>K</u>	MI	BUYANCE	501	Whor	LC.
(CORPORATE N	AME)			(DOCUME	ENT#)
2(CORPORATE N	AME)			(DOCUME	ENT #)
3.	AA4E\			/DOCUMAS	CNIT #A
(CORPORATE N	AME) X Pick up tir	ne:	ertified ((росиме	ertificate Of Status
ew Filings] [Amendments			Other Filings

	New Filings
	Profit
	Non-Profit
X	Limited Liability
	Other:

Amendments
Amendments
Resignation
 Dissolution/Withdrawal
Other:

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:	
K & M INSURANCE		
(Must conta	in the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	of the Limited Liability Company is:
<u>Principa</u>	l Office Address:	Mailing Address:
5663 NW 195th DR.		5663 NW 195th DR.
MIAMI GARDENS, I	FL 33055	MIAMI GARDENS, FL 33055
another business entity with an ac	cannot serve as its own Registration.)	istered Agent. You must designate an individual or
The name and the Florida street a	ddress of the registered ager	nt are:
	ANNABELA SUAREZ	
	Nai	
	1141	ane .

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

MIAMI GARDENS
City

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	
AMBR	ANNABELA SUAREZ 5663 NW 195th DR. MIAMI GARDENS, FL 33055
AMBR	ERNESTO SUAREZ CARBONELL 5663 NW 195th DR. MIAMI GARDENS, FL 33055
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed attend of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	•
trnobela Suarez	
This document is a I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Oct.)

ANNABELA SUAREZ

\$ 5.00 Certificate of Status (Optional)