

7/7/23 11:19 AM

Division of Corporations

L23000344956

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000238221 3)))



H230002382213ABCX

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
KAPEX CONSTRUCTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FALL ALABAMA, AL

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7/18/2023 8:34:12 AM PAGE 1/001 Fax Server



July 18, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO LLC

SUBJECT: APEX GROUP LLC
REF: W23000097906

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L23000132815.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Operations Manager AFAX Aud. #: E23000238221
Letter Number: 423A00015887

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: KAPEX CONSTRUCTION LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM DOS SANTOS

754

301-2128

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KAPEX CONSTRUCTION LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

Mailing Address:

11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GPS TAX & ACCOUNTING SERVICES

Name

11764 W SAMPLE RD STE 102

Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065
City State Zip

Having been named as registered agent and to accept service of process for the above named 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JUL 20 PM 4:12
CLERK JAHG
TALLAHASSEE, FLORIDA

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ARTICLE IV

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

Title:**Name and Address:**

"AMBR" = Authorized Member

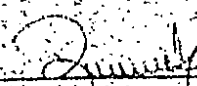
"MGR" = Manager

AMBRJunio Albert KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRLuiz Albert KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRCarlos Albert KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRKarla Luiz KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.Junio Albert Kamilos

Typed or printed name of signer

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 (Optional)

H230002382213

ARTICLE IV

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRMartina Luiz KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRBruna Luiz KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRCarlos Kamilos FilhoR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BRAMBRAndre Carlos KamilosR. DR. DIOGO DE FARIA, 477 - APT 21VILA CLEMENTINO, SP 04037-001 BR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any: _____**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

Bruna Luiz Kamilos

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

1123000238221-3

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**Name and Address:**Rafael Carlos KamillusR. DR. DIOGO DE FARIA, 477 - APT. 21VILA CLEMENTINO, SP 04037-001 BR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any**REQUIRED SIGNATURE**

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.RONDA LUIE KAMILLUS

Typed or printed name of signer

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 (Optional)