Corpor Electronic Filing Cover Shee

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000330245 3)))



H230003302453ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)813-1184

Fax Number

: (516)935-3088

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

adismarcos6@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

KINGDOM WAY REALTY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. MATTHEWS

SEP 20 2023

H23000330245

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 9 PM 2: 59

ARTICLE I - Name:

The name of the Limited Liability Company is:

TALLAHASSEE, FL

KINGDOM WAY REALTY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2400 WINDING CREEK BLVD
BLD 14 APT 202
CLEARWATER, FLORIDA 33761

2400 WINDING CREEK BLVD
BLD 14 APT 202
CLEARWATER, FLORIDA 33761

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:

ADIS C. MARCOS

Name

2400 WINDING CREEK BLVD BLD 14 APT 202

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

CLEARWATER FL 33761
City Zip

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..

Adis Al

Registered Agent's Signature (REQUIRED)
ADIS C. MARCOS

(CONTINUED)

Page 1 of 2

H23000330245

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ADIS C. MARCOS
	2400 WINDING CREEK BLVD BLD 14 APT 202
	CLEARWATER, FLORIDA 33761
•	
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	of filing: (OPTIONAL) sectfic and cannot be more than five business days prior to or 9
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	Adja Adja Adja Adja Adja Adja Adja Adja
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section)	Adis Adis Adis Adis Adis Adis Adis Adis
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u	ecific and cannot be more than five business days prior to or 9 Adis Adis Adis Adis 18 18 18 18 18 18 18 18 18 18 18 18 18
E V: Effective date, if other than the date ective date is listed, the date must be sp filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	Adis Adis Adis Adis Adis Adis Adis Adis
E V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

Page 2 of 2