

L23000451708

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000343217 3)))



H230003432173ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

2023 SEP 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 SEP 29 PM 2:34

LAZARUS

**FLORIDA LIMITED LIABILITY CO.
KOIPAN LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 7E0173F0-A0B1-4242-BE08-B90C140D805E

ARTICLES OF ORGANIZATION**FOR****KOIPAN LLC****ARTICLE I - NAME**

The name of the Limited Liability Company is:

KOIPAN LLC**ARTICLE II - ADDRESS**

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

850 NW 42nd Avenue, Suite 205
Miami, Florida 33126**ARTICLE III - BUSINESS PURPOSE**

The purpose of the Limited Liability Company is to engage in any lawful act or activity for which the limited liability companies may be formed under the Florida Revised Limited Liability Company Act of the State of Florida (the "Act").

ARTICLE IV - MANAGEMENT OF BUSINESS

The name and address of the manager of this Limited Liability Company is:

NAME**ADDRESS**

Amarinder Kaur Pannu

850 NW 42nd Avenue, Suite 205
Miami, Florida 33126

The business of this Limited Liability Company shall be managed by the manager in a meeting, or by written consent without a meeting. Amarinder Kaur Pannu is hereby appointed as Manager to carry out, subject to the direction of members, the day to day business of this Limited Liability Company.

2023 SEP 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE
FLA

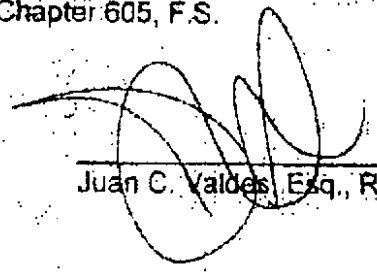
DocuSign Envelope ID: 7E9173F8-ACB1-4242-BE08-B90C1100B05E

**ARTICLE V – REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

Juan C. Valdes, Esq.
1313 Ponce De Leon Blvd., Suite 200
Coral Gables, Florida 33134

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.



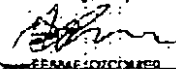
Juan C. Valdes, Esq., Registered Agent

ARTICLE VI – AMENDMENTS

These articles may be amended from time to time by a unanimous written consent of all the members, and the amendment shall be filed, duly signed by all members of this Limited Liability Company, with the Florida Department of State.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DocuSigned by:



Amarinder Kaur Pannu