

123000472405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

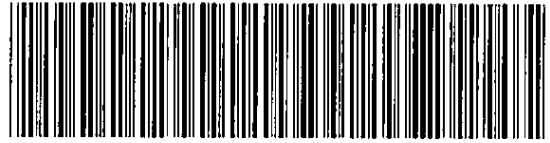
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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OCT 16 2023

OCT 16 2023 AM 7:38



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 10/13/23  
Order #: 1290662-1  
Re: KD Mazie LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

auth

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'auth' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**KD MAZIE LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**324 Eagle Drive, Jupiter, Florida 33477.**

**Mailing Address:**

**324 Eagle Drive, Jupiter, Florida 33477.**

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

The name and Florida street address of the Registered Agent are:

**Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301.**

*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 in Chapter 605, F.S.*

**Corporation Service Company**

**By**

*Eyline Bahar*

Assistant Vice President

**Registered Agents Signature (REQUIRED)**

**(CONTINUED)**

**ARTICLE IV -**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

David Mazie  
324 Eagle Drive  
Jupiter, Florida 33477.

AMBR

Karen Mazie  
324 Eagle Drive  
Jupiter, Florida 33477.

**ARTICLE V - Effective Date:**

The effective date shall be the date of filing.

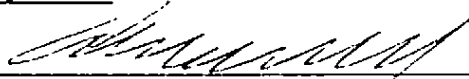
**ARTICLE VI - Other Provisions:**

The Limited Liability Company shall be entitled to issue both voting and non-voting membership interests.

The duration of the Limited Liability Company shall be perpetual.

The business purpose of the Limited Liability Company shall be any and all lawful business.

**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.

**Richard H. Greenberg, Authorized Representative**

Type or printed name of signee