Page: 2 of 4

2/5/24, 2:14 PM



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.

(((H24000048929 3)))



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To:

Division of Corporations

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Fax Number : (305)328-4774

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. OPTALEX LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

OPTALEX LLC

(Must contain 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:

rincipal Office Address:	Maning Address:
12231 SW 103 TER	SAME
MIAMI, FL 33186	

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

Deinsing | Office Address.

(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:

LAUREN NICOLE	AGUAYO	
	Name	
12231 SW 103 TEI	₹	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33186
City	State	Zip

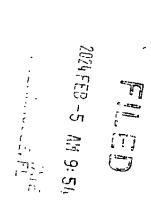
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Lauren aguano

Coure monottet Civil (20) (181)

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" – Manager	
AMBR	LAUREN NICOLE AGUAYO 12231 SW 103 TER
	MIAMI, FL 33186
(Use attachment if necessary)	
•	220
RTICLE V: Effective dute, if other than the date If an effective date is listed, the date must be sp	c of filing:
ne date of filing.)	meet the applicable statutory filing requirements, this date will not be listed
he document's effective date on the Department	
RTICLE VI: Other provisions, if any.	
·	
REQUIRED SIGNATURE:	
Lauren aguayo	_
	ember or an authorized representative of a member.
This document is executed any false	ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State
constitutes a third degre	the felony as provided for in s.817.155, F.S.
LAUREN NICO	LE AGUAYO
	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 (Optional)

February 5, 2024

Phone: 727-279-5037

Fax: 727-888-1294

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Attention: New Filing Section

AFFIDAVIT

I am the President of K3 International, Inc. (Document Number: P23000084427). I hereby give K3 Enterprises, Inc. permission to use the name "K3 International, Inc." as part of its Domestication and Incorporation.

Dated: February 5, 2024

K3 International, Inc.

Name: Rhonda L. Kent

Title: President