

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

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

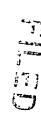
Email Address: karlaboundanen@azulmarinoconsulting.com

FLORIDA LIMITED LIABILITY CO. AZUL MARINO CONSULTING AND SERVICES LLC

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Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AZUL MARINO CONSULTING AND SERVICES 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:

Principal Office Address:	Mailing Address:
3655 NW 115TH AVE	3655 NW 115TH AVE
STE 17	STE 17
DORAL, FL 33178	DORAL, FL 33178

ARTICLE HI - 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:

KARINA OCAND	0	
	Name	
7717 Paddock Pl		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL.	33328
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..

Registered Agent's Signature (REQUIRED)

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

"AMBR" = Authorized Mei	
43 CO TO 4 5 C	mber
"MGR" = Manager	
MGR	KARLA ABOUNDANEN
	3655 NW 115TH AVE STE 17
	DORAL, FL 33178
V (C.D.	IOSMAN JIMENEZ
MGR	4062 Ruby Run
	Haines City, FL 33844
(Use attachment if necessary	
	ck does not meet the applicable statutory filing requirements, this date will not be lis Department of State's records.
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CLE VI: Other provisions, if an AND ALL LAWFUL BUSINE	
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REOUIRED SIGNATURI Signa This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
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