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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

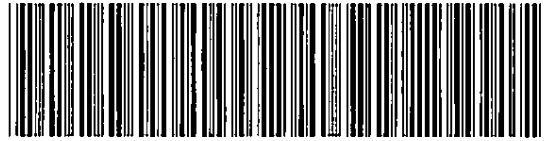
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Kranding Investment Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. Kristina Raattama

Name of Person

MK Consulting, LLC

Firm/Company

3350 Virginia Street, Suite 218

Address

Miami, Florida 33133

City/State and Zip Code

kristina@mkconsulting.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Raattama at
Name of Person

(305) 742-8507
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

Kranding Investment Solutions, LLC

**ARTICLE II
ADDRESS**

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

Principal Office Address:

15850 SW 184 Street
Miami, Florida 33187

Mailing Address:

15850 SW 184 Street
Miami, Florida 33187

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OF FLORIDA

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S
SIGNATURE**

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

M. Kristina Raattama
3350 Virginia Street Suite 218
Miami, Florida 33133

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, Florida Statutes.

DocuSigned by:
Kristina Raattama
Signature/Registered Agent

3/7/2024

Date

ARTICLE IV
AUTHORIZED PERSONS

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

Title:
(Authorized Member OR Manager)

Name and Address:

Authorized Member

Al Salas
15850 SW 184 Street
Miami, Florida 33187

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TALLAHASSEE, FLORIDA

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 section 817.155, Florida Statutes

DocuSigned by:



Signature

3/12/2024

Date

Al Salas

Name of Signee