6/7/24, 9:45 AM



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

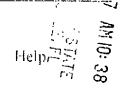
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. K2 CM, LLC

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	S125,00

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:

K2 CM, 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:
il Golden Harbour Drive	561 Golden Harbour Drive
oca Raton, FL 33432	Boca Raton, FL 33432

ARTICLE III - 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:

Veorp Agent Service	es, Inc.	
	Ni na	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	Fl.	33324
Ch.	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. Thereby accept the appointment as registered agent and agree to act in his 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 App: 605, FS

な作aylor Lolya Registered Agent's Signature (社会の) RE D

(CONTINUED)



\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

		Name and Address:
	Authorized Member	
"MGR" = N	-	
<u>AMBR</u>		K2 Family Office, LLC 561 Golden Harbour Drive
		Boca Raion, FL 33432
	 	
		
	nent if necessary)	date of filing (OPTION: 41)
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