

L24000 311716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

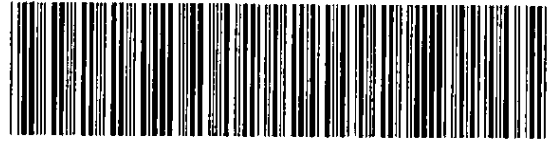
(Business Entity Name)

(Document Number)

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY  
K25 Alpha, LLC

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STATE  
TALLAHASSEE, FL

### PICK ONE:

\_\_\_\_ CERTIFIED COPY XX PHOTOCOPY \_\_\_\_ C.U.S.

### FILING:

\_\_\_\_ CORPORATION XX LLC \_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_ GENERAL PARTNERSHIP  
\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICE MARK/TRADEMARK \_\_\_\_ AMENDMENT  
\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_ JUDGMENT LIEN  
\_\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 07/16/24 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K25 Alpha, 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:

260 1ST AVE S. #200-130  
ST. PETERSBURG, FL 33701

SAME

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:

UNIVERSAL REGISTERED AGENTS, INC.

Name

1317 CALIFORNIA ST

Florida street address (P.O. Box **NOT** acceptable)

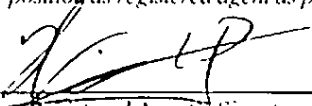
TALLAHASSEE FL 32304

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)

(CONTINUED)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

KINGSLEY CHARLES  
260 1ST AVE S. #200-130  
ST. PETERSBURG, FL 33701

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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CLERK OF DISTRICT COURT  
ST. PETERSBURG, FL

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Kingsley Charles

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.

KINGSLEY CHARLES

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)