Division of Corporations

8/19/24, 10:44 AM

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRESSLY, PRESSLY, RANDOLPH & PRESSLY, P.A.

Account Number : I20180000079 Phone : (561)659-4040 Fax Number : (561)655-6006

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

randy@pprplaw.com Email Address:

FLORIDA LIMITED LIABILITY CO. KADADO, LLC

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H240002772403

COVER LETTER

TO:	New Filing Se Division of Co					
SHD IT	KADADO					
30 0	, i <u> </u>		ne of Lim	nited Liabili	ty Company	
The encl	osed Articles of	Organization and	fee(s) are	e submitted	for filing,	
Please re	eturn all corresp	ondence concernin	g this ma	itter to the f	ollowing:	
	John W. Ra	ndolph, Jr.				
		•		Name of	Person	
	Pressly, Pre	ssly, Randolph & l	Pressly, I	⁹ .A.		
				Firm/Co		
	-	Palm Way, Suite 30				
				Addre	:52	
	Palm Beach	, FL 33480				
	randy@pprpl	aw.com	С	ity/State and	i Zip Code	
			be used	for future a	nnual report notificat	ion)
For furthe	r information co	oncerning this matte	er, please	call:		
	John W. Rar	•	5 <i>6</i> at (31	659-4040	
		ne of Person		rea Code	Daytime Telephon	ne Number
Enclosed	Lis a check for t	he following amou	int:			
	00 Filing Fee	□S130.00 Filin Certificate of S	g Fee &	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New I	ng Address Filing Section			Street Address New Filing Section D	
	P.O. E	on of Corporations Box 6327 Jassee, FL 32314			The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810

H240002772403

	ARTICLES OF ORGANIZATION FOR FLORIDA LL	MITED LIABILITY COMPANY	
ARTICLE The name of	1 - Name: If the Limited Liability Company is:		
	KAĐADO, LLC		
-	(Must contain the words "Limited Liability Con	ppany, "L.L.C.," or "LLC.")	
ARTICLE	II - Address:		
	address and street address of the principal office of the L	imited Liability Company is:	
	Deinainal Office Address	Mailing Address:	
Principal Office Address:		Busing Address:	
	11800 Turtle Beach Road	11800 Turtle Beach Road	
	North Palm Beach, FL 33408	North Palm Beach, FL 33408	
(The Limite another bus	III - Registered Agent, Registered Office, & Registere and Liability Company cannot serve as its own Registered Asiness entity with an active Florida registration.) Indeed the Florida street address of the registered agent are:		
ine name a	ind the Florida subset address of the registered agent are.		
	John W. Randolph, Jr.		
	Name		
	251 Royal Palm Way, Suite 300		
	Florida street address (P.O. Box 2	NOT acceptable)	

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..

State

Palm Beach

City

Registered Agent's Signature (REQUIRED)

33480

Zip

(CONTINUED)

H240002772403

MGR	Name and Address;	
	Dana Hamel 11800 Turtle Beach Road North Palm Beach, FL 33408	
	North Palm Beach, FL 33408	
(Use attachment if necessary)		
LE V: Effective date, if other than the date	e of filing: (OPTIONAL)	avs aft
fective date is listed, the date must be sp of filing.)	necific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b	•
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