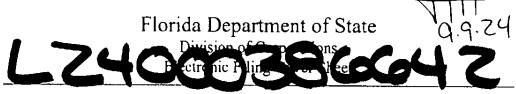
9/6/24, 2:31 PM

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : P5 KIS LLC
Account Number : I20240000110
Phone : (407)707-491

Phone : (407)707-4914 Fax Number : (407)337-8957

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

Email Address: Contact@kisconsult.com

MOSETARY OF STAT TOLLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

Itapua Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

24 SEP -6 PM 12: 05

(H24000304446 3)

COVER LETTER

	ng Section of Corporations			
SUBJECT:	ua Enterprises LLC			
30131.61.	Name of L	imited Liabil.	ity Company	
The enclosed Artic	eles of Organization and fee(s)	are submitted	for filing.	
Please return all co	orrespondence concerning this	matter to the f	ollowing:	
Marcu	s Paulo L Segnini			
		Name of	Person	
PS KI	S LLC			
		Firm/Co	mpany	
6526 (Old Brick Road, suite 120-238			
		Addr	ess	
Winde	rmer e			
contacti	@kisconsult.com	City/State an-	d Zip Code	
Contact	E-mail address: (to be use	ed for future a	nnual report notificat	 ion)
For further informat	ion concerning this matter, plea	se call:		
Marcus		407	7486462	
		Area Code	Daytime Telephon	e Number
Enclosed is a check	k for the following amount:			
■\$125.00 Filing I	-	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
] }	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810

(H24000304446 3)

From: +14073378957 (KIS Consult.)

ARTICLES OF ORGANIZATION FOR FLOR	ADA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Itapua Enterprises LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	
Principal Office Address:	Mailing Address:
1200 Ambassador Dr APT 321	1200 Ambassador Dr APT 321
Kissimmee, FL 34747	Kissimmee, FL 34747
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or

PS KIS LLC Name 6526 Old Brick Road, suite 120-238 Florida street address (P.O. Box NOT acceptable) Windermere 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.,

Marcos Paulo Lette Seguni Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

(H24000304446 3)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Felipe Chaves de Amorim 1200 Ambassador Dr - Apt 321 Kissimmee 34747		
AMBR	Michelle Machado Gerent Amorim 1200 Ambassador Dr - Apt 321 Kissimmee 34747		
		•	
(Use attachment if necessary)			
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.	•	
ARTICLE VI: Other provisions, if any,			
REQUIRED SIGNATURE:			
Felipe Chaves de Amarim			
This document is execut I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		ت
Felipe Chaves d	e Amorim Typed or printed name of signee	24 SEP -	ROISIAIC
\$125.00 Filing Fee for Articles of Org	Filing Fees: gunization and Designation of Registered Agent	ΞP -6	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

From: +14073378957 (KIS Consult.)