574804000H21

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



2024 NOV - 6 PM 2: 3

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KAWS BARE LLC	2024 NOV
Please Debit FCA000000003 For: 125	HASS
Thank you Seth Necley	9.
15	Art of Inc. File
	LTD Partnership File
,	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
1	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
<i>U</i>	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	New Filing Sec Division of Co						
SUBJEC	KAWS BA	ARE LLC					
300000	••	Na	me of Limited	Liability Company		-	
The enclo	sed Articles of	Organization and	fee(s) are sub	nitted for filing.		(2024
Please ret	urn all correspo	ondence concerni	ng this matter to	o the following:			2024 NOV -6
	Alexander F	3. Rotbart, Esq.				HAS.	
			Na	me of Person		الماني: المانية	≨- 2
	The Rotbart	Law Group, PA					9: 47
	<u> </u>		Fi	m/Company			
	54 SW Boca	Raton Blvd.					
				Address			_
	Boca Raton,	FL 33432					
	tiffany@gold	smithequity.com	City/St	ate and Zip Code			_
			be used for fi	iture annual report notifi	ication)		_
For further	information co	ncerning this mat	er, please call:				
	Alexander B	. Rotbart	561 at (922-3217			
	Nam	e of Person	Area C	ode Daytime Telep	hone Number	•	
Enclosed	is a check for t	he following amo	unt:				
	0 Filing Fee	□\$130.00 Filin Certificate of \$	ng Fee & E	□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed	□\$160.00 Certificate I) Certified C (additional c	of Status (lopy	&
		g Address		Street Address			
		iling Section on of Corporation	s	New Filing Section The Centre of Tal			
		ox 6327 assee, FL 32314		2415 N. Monroe S Tallahassee, FL 3			

TI MO

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name
-----------	--------

The name of the Limited Liability Company is:

KAWS BARE 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:

<u>Principa</u>	al Office Address:		Mailing Ac	idress:	20
18205 Biscayne Blvd			18205 Biscayne Blvd.	<u> </u>	2024 NO
Ste. 2226			Ste. 2226	1-1	~ 6 5
Aventura, Fl. 33160			Aventura, FL 33160		
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 individuante business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Tiffany Goldsmith					6 AM 9: 47
Name					
18205 Biscayne Blvd. Ste 2226					
Florida street address (P.O. Box NOT acceptable)					
	Aventura	FL	33160		
	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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	TIFFANY GOLDSMITH 18205 BISCAYNE BLVD. STE 2226 AVENTURA. FL 33160	
<u>AMBR</u>	YUVAL ELKESLASI 18205 BISCAYNE BLVD. STE 2226 AVENTURA, FL 33160	2024 NOV -5 AM
		SE STATE
(Use attachment if necessary)	the data of Glinni	(OPPIONAL)
If an effective date is listed, the date mus he date of filing.)	the date of filing: st be specific and cannot be more than five business ses not meet the applicable statutory filing requirement of State's records.	s days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	LN	
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.

TIFFANY GOLDSMITH - AUTHORIZED MEMBER

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)