

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**625000033956** *HH 1.2825*

**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 : VP ACCOUNTING AND SERVICES LLC  
Account Number : I20240000138  
Phone : (786)518-0497  
Fax Number : (786)667-5135

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

Email Address: info@vpaaconsulting.com

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2025 JAN 27 AM 11:37

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
K&A PROJECTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

25 JAN 27 PM 9:46

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CORPORATIONS

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: K&A PROJECTS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARACELA V PEREZ

Name of Person

VPAA CONSULTING

Firm/Company

8250 NW 27TH STREET UNIT 300

Address

DORAL FL 33122

City/State and Zip Code

INFO@VPAACONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARACELA V PEREZ

786

5180497

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing fee

☐ \$125.00 Filing fee &  
Certificate of Status

☐ \$125.00 Filing Fee &  
Certificate of Status  
(additional copy is enclosed)

☐ \$125.00 Filing fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

K&A PROJECTS 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:8250 NW 27TH STREETUNIT 309DORAL FL 33122Mailing Address:8250 NW 27TH STREETUNIT 309DORAL FL 33122

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOSEFAN BRIZUELA

Name

8250 NW 27TH STREET UNIT 309Florida street address (P.O. Box NOT acceptable)DORALFL33122

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.*

  
\_\_\_\_\_  
JOSEF BRIZUELA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

BRIZUELA JOSFRAN

12335 NW 23RD CT

MIAMI FL 33167

(Use attachment if necessary)


**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:**

  
\_\_\_\_\_  
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.

JOSFRAN BRIZUELA

Typed or printed name of signee

Eileen Fong

\$175.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$10.00 Certificate Copy (Optional)

\$5.00 Certificate of Notice (Optional)

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