

3/20/25, 3:39 PM

Division of Corporations

L25000104683
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H25000104683 3)))



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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : PS KIS LLC
 Account Number : I20240000110
 Phone : (407)707-4914
 Fax Number : (407)337-8957

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 Email Address: contact@kisconsult.com

**FLORIDA LIMITED LIABILITY CO.
 CAMPI&CALABREZ LLC**

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

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CAMPI&CALABREZ LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARCUS PAULO L. SEGNINI

Name of Person

PS KIS LLC

Firm/Company

6526 OLD BRICK ROAD, STE 120-238

Address

WINDERMERE

City/State and Zip Code

contact@kisconsult.com

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

For further information concerning this matter, please call:

MARCUS PAULO L. SEGNINI 407 7486462

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAMPI&CALABREZ 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:

5401 S KIRKMAN RD STE 560
ORLANDO, FL 32819

Mailing Address:

5401 S KIRKMAN RD STE 560
ORLANDO, FL 32819

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:

PS KIS LLC

Name

6526 OLD BRICK ROAD #120-238

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

WINDERMERE

FL

34786

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..

MARCUS SEGUNDA

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:

Name and Address:

"AMBR" – Authorized Member

"MGR" = Manager

AMBR

CAIO CESAR DEMINICE CAMPI
657 JEFFERSON AVENUE, 2nd FLOOR,
ELIZABETH, NJ, 07201

AMBR

ANA PAULA DEMINICE CAMPI
RUA EMILIO MALLETT 335, APT 21, SAO PAULO
SP, 03320 BRAZIL

AMBR

CAMILA GISELE CALABREZ
657 JEFFERSON AVENUE, 2nd FLOOR,
ELIZABETH, NJ 07201

(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:

CAIO CESAR DEMINICE CAMPI

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.317.155, F.S.

CAIO CESAR DEMINICE CAMPI

Typed or printed name of signer

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)