

Division of Corporations

**L21000014511**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : KCO SERVICES, LLC  
Account Number : I20200000018  
Phone : (954)744-6605  
Fax Number : (833)648-2730

2021 JAN 19 PM 3:14

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

Email Address: kcoservicesllc@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
P4LCOLLECTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 JAN 19 AM 10:39

*Handwritten signature and date: 1-20-21*



January 15, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KCO SERVICES LLC

SUBJECT: P4LCOLLECTION LLC  
REF: W21000004446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Complete signature for the authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin  
Regulatory Specialist II

FAX Aud. #: H21000018239  
Letter Number: 021A00001003

2021 JAN 19 09:39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P4L COLLECTION 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:

Mailing Address:

8253 NW 34TH DR  
DORAL FL 33122

8253 NW 34TH DR  
DORAL FL 33122

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:

KCO SERVICES LLC

Name

7717 Paddock Pl

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

<u>Davie</u>	<u>FL</u>	<u>33328</u>
City	State	Zip

2021 JAN 19 11:13:39

*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:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

EMV Holdings LLC  
8 The Green, Ste A  
Dover, DE 19901

MGR

Navivette Maria Chahab Ramos  
8800 NW 36th St Apt 4416  
Doral, FL 33178

MGR

Jorge Martin Echeverria Pulido  
221 SW 12th St Apt 823  
Miami, FL 33130

(Use attachment if necessary)

2021 JAN 19 11:10:35

**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.

**ANY AND ALL LAWFUL BUSINESS**

**REQUIRED SIGNATURE:**

*Emile Machado*

**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.

Emile Machado

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)