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(Business Entity Name)

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COVER LETTER

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

SUBJECT: KATRIK 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:

RICARDO A. ORTIZ DEULOFEUT
Name of Person

KATRIK LLC
Firm/Company

7171 SW 44TH ST
Address

MIAMI, FLORIDA 33155
City/State and Zip Code

info@jcbolutionsinc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO A. ORTIZ DEULOFE 866 296-1833
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:

KATRIK LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7171 SW 44TH ST
MIAMI, FLORIDA 33155

7171 SW 44TH ST
MIAMI, FLORIDA 33155

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.)

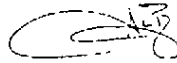
The name and the Florida street address of the registered agent are:

JC Business Solutions Inc
Name

7500 NW 25th ST Suite 237
Florida street address (P.O. Box **NOT** acceptable)

Doral, Florida 33122
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)

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