Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : TAP SOLUTIONS INC
Account Number : I20210000103
Phone : (786)615-3057
Fax Number : (786)615-3058

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@tapsolution.net

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FLORIDA LIMITED LIABILITY CO.
KN REALTY GROUP LLC

Certificate of Status	1
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2025 JAN 14 PM 4:11

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

KN REALTY GROUP 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:
9854 NW 16TH CT	9854 NW 16TH CT
PEMBROKE PINES, FL 33024	PEMBROKE PINES, FL 33024

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:

KAREM H. TIRADO BARAZARTE
Name

9854 NW 16TH CT
Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES	FL	33024
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..

KAREM H. TIRADO BARAZARTE
KAREM H. TIRADO BARAZARTE (Jan 14, 2025 11:07 EST)
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:
AMBR	KAREM H. TIRADO BARAZARTE 9854 NW 16TH CT PEMBROKE PINES, FL 33024
AMBR	NAUDY J. RODRIGUEZ RIERA 9854 NW 16TH CT PEMBROKE PINES, FL 33024

(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:

KAREM H. TIRADO BARAZARTE
KAREM H. TIRADO BARAZARTE (Jan 14, 2025 11:07 EST)

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.

KAREM H. TIRADO BARAZARTE
Typed or printed name of signee