

L25000049151

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 : A1A REGISTERED AGENT INC.
Account Number : 120090000032
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO. PANARCHY INTERNATIONAL LLC

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

SECRETARY OF STATE
2025 FEB -6 PM 4:45
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H250000443313



February 6, 2025

FLOIDA DEPARTMENT OF STATE
Division of Corporations

A1A REGISTERED AGENT INC.

SUBJECT: PANARCEY INTERNATIONAL LLC
REF: W25000015335

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.

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Matthew H Hitchcock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000044331
Letter Number: 125A00002529

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

PANARCHY INTERNATIONAL 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:

424 E CENTRAL BLVD #202
ORLANDO, FL 32801

424 E CENTRAL BLVD #202
ORLANDO, FL 32801

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:

A1A REGISTERED AGENT INC.

Name

5547 110TH AVENUE NORTH

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

ROYAL PALM BEACH FL 33411

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.

Amal K. K. K.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
MGR _____	MICHAEL OCAMPO 424 E CENTRAL BLVD #292 ORLANDO, FL 32801
MGR _____	MARIA OCAMPO 424 E CENTRAL BLVD #292 ORLANDO, FL 32801
_____	_____
_____	_____
_____	_____
_____	_____

(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:

Michael Ocampo

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.817.135, F.S.

MICHAEL OCAMPO
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)

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