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To:
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Fax Number : (850) 922-4003

From:
Account Name : ARLENE F. AUSTIN, P.A.
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LIMITED LIABILITY COMPANY

Kronon Galati Consultants, PLLC

Certificate of Status	1
Certified Copy	1
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EFFECTIVE DATE

10/25/00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 31, 2000

ARLENE F. AUSTIN, P.A.

SUBJECT: KRONON GALATI CONSULTANTS, PLLC
REF: W00000026147

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**ARTICLES OF ORGANIZATION OF KRONON GALATI CONSULTANTS, PLLC
A PROFESSIONAL LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name & Address:

The name of the Professional Limited Liability Company is: KRONON GALATI CONSULTANTS, PLLC.

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

790 Harbour Drive, Suite 2B
Naples, FL 34103

ARTICLE II — Purpose:

This professional limited liability company is being organized for the purpose of operating a financial planning and consulting business and engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE III — Duration:

The period of duration for the Professional Limited Liability Company shall be perpetual.

ARTICLE IV — Management:

☐ The Professional Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

☒ The Professional Limited Liability Company is to be managed by the members and the name(s) and address of the managing member is:

Roxane Kronon Galati
790 Harbour Drive, Suite 2B
Naples, FL 34103

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

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ARTICLE VII — Effective Date

The term of this company shall be effective on October 25, 2000.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Roxane Kronon Galati
790 Harbour Drive, Suite 2B
Naples, FL 34103

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be her act on this 30 day of October, 2000.



Roxane Kronon Galati, Member

State Of Florida
County Of Collier

On October 20, 2000, Roxane Kronon Galati, who is personally known to me [XX], or produced a driver's license as identification [], personally appeared before me at the time of notarization, and acknowledged signing these Articles Of Organization of Kronon Galati Consultants, PLLC, a Florida Professional Limited Liability Company.



Notary Public: **ARLENE F. AUSTIN**

Commission Expiration Date & Commission Number:

(SEAL)



Arlene F. Austin
Commission # GC 861228
Expires Aug. 2, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: KRONON GALATI CONSULTANTS, PLLC.
2. The name and the Florida street address of the registered agent and registered office are:

Roxane Kronon Galati
790 Harbour Drive, Suite 2B
Naples, FL 34103

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.

Roxane Kronon Galati

Roxane Kronon Galati
Registered Agent

State of Florida
County of Collier

On October 30, 2000, Roxane Kronon Galati, designated above as the individual who shall serve as the company's initial registered agent, who is personally known to me [XX], or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Kronon Galati Consultants, PLLC, as resident agent.

Arlene F. Austin

Notary Public

ARLENE F. AUSTIN

(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number:

(SEAL)

Florida Driver's License
Identification



Arlene F. Austin
Commission # CG 36127
Expires Aug. 3, 2003
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