

L03000021372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

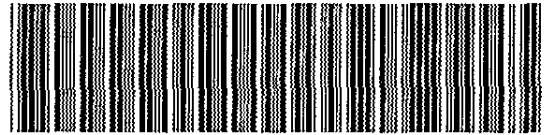
(Business Entity Name)

(Document Number)

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03 JUN 12 PM 3:28  
TALLAHASSEE, FLORIDA  
STATE

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK



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June 12, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

KBR Consulting, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
KBR Consulting, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
6614 Yardley Way, Tampa, FL 33647

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Lewis W. Harper, Esq.

Name

76 South Laura Street, Suite 1700

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

Jacksonville

FL 32202

City, State, and 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 608, F.S.

Lewis W. Harper

Registered Agent's Signature

Karen Ann Byrnes-Rojas

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the above stated herein are true.)

Karen Ann Byrnes-Rojas

Name of signer

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CLERK OF CIRCUIT COURT  
JULIA S. C. LERMA