

L03000021372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

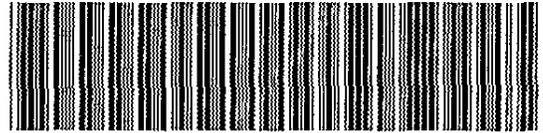
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUN 12 PM 3:28
STATE
TALLAHASSEE, FLORIDA

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DEPT.
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PK



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 Tallahassee, Florida 32301
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June 12, 2003

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

KBR Consulting, LLC

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 TALLAHASSEE, FLORIDA

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

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

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STATE OF FLORIDA
SUNSHINE STATE SECRETARIAT

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