

LO4 0000 24660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

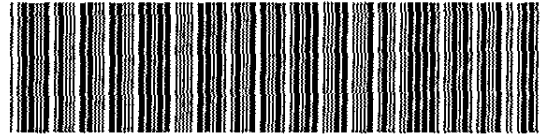
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900030868339

03/24/04--01058--007 \*\*125.00

FILED  
04 MAR 24 AM 11:14  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kutell Consulting, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA M. VALLE-KUTELL  
(Name of Person)

Kutell Consulting  
(Firm/Company)

15751 Sheridan St. Suite 213  
(Address)

FT. LAUDERDALE, FL 33331  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA VALLE-KUTELL at 954 252-6235  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
TALLAHASSEE, FLORIDA

04 MAR 24 AM 11:14

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 24 AM 11:14

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kutell Consulting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

15751 Sheridan St  
Suite 213  
PEL ABERDALE, FL 33331

**Mailing Address:**

SAME

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

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

ANA VALLE-KUTELL  
Name

15751 Sheridan St Suite 213  
Florida street address (P.O. Box **NOT** acceptable)

PEL ABERDALE, FLORIDA 33331  
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, Florida Statutes..*



Registered Agent's Signature

04 MAR 24 AM 11:14  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ANA KUTELL  
15751 Sheridan ST  
St. Landersdale, FL 33331

Suite 203

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANA KUTELL  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)