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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

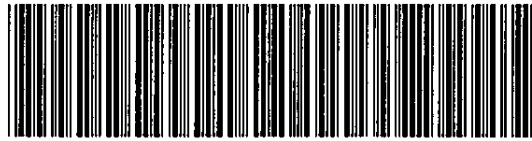
(Business Entity Name)

(Document Number)

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

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Office Use Only



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07 JAN 23 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KLO 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:

Kirk L. Ortega

(Name of Person)

KLO Consulting, LLC.

(Firm/Company)

9232 Rutledge Avenue

(Address)

Boca Raton, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirk L Ortega

(Name of Person)

at ( 561 ) 271-0976

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KLO Consulting, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

9232 Rutledge Avenue

Boca Raton, FL 33434

#### Mailing Address:

9232 Rutledge Avenue

Boca Raton, FL 33434

### 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:

Kirk L. Ortega

Name

9232 Rutledge Avenue

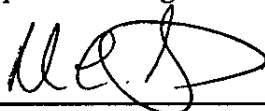
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL 33434

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ALABAMA, FLORIDA

**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:**

MGRM

Kirk L. Ortega

9232 Rutledge Avenue

Boca Raton, FL 33434

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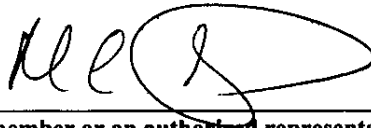
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(Use attachment if necessary)

**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.)

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TALLAHASSEE, FLORIDA

**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.)

Kirk L. Ortega

\_\_\_\_\_  
Typed or printed name of signee

**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)**

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

**DOCUMENT# G07018900356**

**Fictitious Name to be Registered:** KLO CONSULTING, LLC.

**Mailing Address of Business:** 9232 RUTLEDGE AVENUE  
BOCA RATON, FL 33434

**Florida County of principal place of business:** PALM BEACH

**FBI Number:**

**Owner(s) of Fictitious Name:**

ORTEGA, KIRK L  
9232 RUTLEDGE AVENUE  
BOCA RATON, FL 33434

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

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**07 JAN 23 AM 11:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

KIRK L. ORTEGA

01/18/2007

Electronic Signature(s)

Date

**Certificate of Status Requested (X)**

**Certified Copy Requested (X)**