

L070000060607

(Requestor's Name)

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(City/State/Zip/Phone #)

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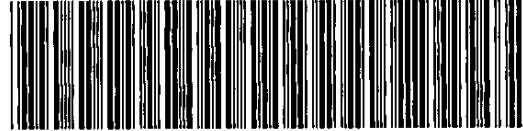
(Business Entity Name)

(Document Number)

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

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07 JUN -8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07 JUN -8 AM 11:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*KAF Consulting, LLC*

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- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *WL*

Name

Date *6/8*

Time *11:00*

Walk-In

Will Pick Up

Courier

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

**FILED**  
07 JUN -8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I**

The name of the limited liability company is:

KAF CONSULTING, LLC

**ARTICLE II**

The mailing and street address of the Company's principal office is:

11071 LAKELAND CIRCLE  
FORT MYERS, FL 33913

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV

The name and Florida street address of the initial registered agent is:

**KATHLEEN A. FRANCIS  
11071 LAKELAND CIRCLE  
FORT MYERS, FL 33913**

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 the 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.

Registered Agent Signature:   
**KATHLEEN A. FRANCIS**

## **ARTICLE V**

The name and address of the sole managing member is:

Title: Managing Member


KATHLEEN A. FRANCIS  
11071 LAKELAND CIRCLE  
FORT MYERS, FL 33913

## **ARTICLE VI**

The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:

  
\_\_\_\_\_  
**KATHLEEN A. FRANCIS, Managing Member**