# 10000621

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**EXAMINER** 



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## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJECT: KL Financial and Advisory Services					
	Name of Limited Liability Company				
The encl	osed Articles of Organization and fee(s) are submitted for filing.				
Please re	turn all correspondence concerning this matter to the following:				
_	Rudolph R. Kameka				
	Name of Person				
	Firm/Company 15875 SW 52nd Court				
	Address				
<del></del>	Miramar, Florida 33027				
	City/State and Zip Code rkameka@aol.com				
_	E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please call:				
<del></del>	Rudolph R. Kameka at ( 954 ) 815-8891  Name of Person Area Code & Daytime Telephone Number				
	Name of Terson Area code & Daytime Telephone Number				
Enclose	d is a check for the following amount:				
<b>/</b> ]\$125.00	O Filing Fee \$\times \text{\$130.00 Filing Fee & } \text{\$\text{\$\subset}\$} \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texi{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
KL Financial and Adv (Must end with the words "Limited L	isory Services, LLC. iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
15875 SW 52nd Court Miramar, Florida 33027	15875 SW 52nd Court Miramar, Florida 33027	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	red Office, & Registered Agent egistered Agent. You must designate an ind	ividual or another
The name and the Florida street address of the registered agent are:		Inf 60
Rudolph	R. Kameka	29
Na	ع المحادث	
45075 OM	V FOund Count	
	V 52nd Court	တ္ ႏု
Florida street address (I	P.O. Box <u>NOT</u> acceptable)	학년 <b>20</b>
Miramar, FL 33027	7 FL	<u>ب</u> ب
City, Stat	te, 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)

### Page 1 of 2

# 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 Manager Rudolph R. Kameka 15875 SW 52nd Court Miramar, Florida 33027 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: July 1, 2009 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

**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.)

Rudolph R. Kameka
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)