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T. HAMPTON

OCT 2 8 2009

EXAMINER

# **COVER LETTER**

TO:	Registration S Division of Co					
SUBJECT: KCS Consulting Services, LLC						_C
Name of Limited Liability Company						
The en	closed Articles o	f Organization and fee(s) are	submitt	ted for fili	ng.	
Please	return all corresp	oondence concerning this mat	ter to th	e followir	ıg:	
		Julio A		s Sama	niego	
	,	•	Name	oi reison		
KCS Consulting Services, LLC Firm/Company						
			ompany			
6625 Miami Lakes Dr #231  Address  Miami Lakes, FL 33014  City/State and Zip Code						
			•	•	gmail.com	
•		E-mail address: (to be used	for futur	e annual re	port notification	n)
For fur	ther information	concerning this matter, please	e call:			
		Samaniego	_ at (		_)	799-6564
	Name	of Person		Area Co	de & Daytime	Telephone Number
Enclos	sed is a check for	or the following amount:				
<b>[</b> ]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	ertified Co	ing Fee & opy py is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton 2661 Ex	Courier Addition Section n of Corporat Building xecutive Cents see, FL 3230	ter Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
KCS Consulting Se (Must end with the words "Limited Liabilit	rvices, LLC y Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address:  The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
6625 Miami Lakes Dr #231 Miami Lakes, FL 33014	6625 Miami Lakes Dr #231 Miami Lakes, FL 33014				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)					
The name and the Florida street address of the re	gistered agent are:				
Julio A Sam	aniego				
Name					
6625 Miami Lakes Dr #231					
Florida street address (P.O. I	Florida street address (P.O. Box NOT acceptable)				
Miami Lakes,FL 33014	FL				
City, State, and	d Zip				
	ccept service of process for the above stated limited				

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)

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# 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing l	Name and Address:  1ember						
President	Julio A Samaniego 7140 NW 179th St #107 Hialeah, FL 33015						
Secretary	Flor M Yaxon 7140 NW 179th St #107 Hialeah, FL 33015						
	•						
(Use attachment if nece	sary)						
ARTICLE V: Effective date, if (If an effective date is listed, the to or 90 days after the date of fi	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)						
REQUIRED SIGNAT	Julio Samanago						
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.)							
Julio A Samaniego							
Filing Fees:	Typed or printed name of signee						

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)