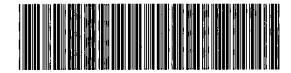
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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Kranzth	or Consulting, LLC	
-	Name of Limi	ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this mat	tter to the following:
Dali Kranzth	or	
		Name of Person
Kranzthor C	onsulting, LLC	
		Firm/Company
5814 Imperia	al Key	
		Address
Tampa, FL 3	3615	
	Ci	ty/State and Zip Code
kranzthor@g		
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	
Dali Kranzthor	e de la grande de l La grande de la grande d	Secretary of the second of
	of Person	at (813)486-6537 Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□ \$125,00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	VII 4, 794	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Kranzthor Consulting, LLC (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5814 Imperial Key	5814 Imperial Key	
Tampa, FL 33615	Tampa, FL 33615	
	egistered Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another	
The name and the Florida street address	s of the registered agent are:	
Dali Kranzthor		
Name		
5814 Imperial Key		
Florida	street address (P.O. Box <u>NOT</u> acceptable)	
Tampa,	FL 33615	
`	City, State, and Zip	
	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as	

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Dali Kranzthor 5814 Imperial Key Tampa, FL 33615 (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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

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

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee