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TALLAHASSEE, FLORITA

T. CLINE
MAY 3 0 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: KLR Consulting, L.L.C	· ·	
	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Kathryn L. Riley		
	Name of Person	
KLR Consulting, L.L.C.		
	Firm/Company	
3191 Southern Oaks Drive	•	
	Address	
Merritt Island, FL 32952	_	
	ty/State and Zip Code	
KLRConsulting@cfl.rr.com E-mail address: (to be used)	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Kathryn L. Riley	at (321) 626-3295	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		1
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	***
Mailing Address Registration Section Division of Corporations P.Q. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE		
ARTICLE I - Name: The name of the Limited Liability Company is:		
KLR Consulting, L.L.C.		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address.	Masting Address	
Principal Office Address:	Mailing Address:	
3191 Southern Oaks Drive	3191 Southern Oaks Drive	
Merritt Island, FL 32952	Merritt Island, FL 32952	
		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signatu	ıre:
(The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.)	ered Agent. You must designate an individual or ano	ther
The name and the Florida street address of the re	egistered agent are:	
Roto-Rooter (Joseph H	lamilton)	
Name	.l.T	
245 North Tropica		
	ress (P.O. Box <u>NOT</u> acceptable)	
Merritt Island	_{FL} 32953	
City, Sta	te, and Zip	
Having been named as registered agent and to a	• • • • •	
liability company at the place designated in the	*	
registered agent and agree to act in this capacity statutes relating to the proper and complete per		
accept the obligations of my position as regis		
	A Province you are simple.	
04/5	71 TX	
Registered Agent's Signate	ine (KEQUIKED)	2812 HAY 29
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Page 1 of 2		· 10

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 Member	Name and Address:
MGR	Kathryn L. Riley 3191 Southern Oaks Drive Merritt Island, FL 32952
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: 05/19/2012 (OPTIONAL) the specific and cannot be more than five business days pri
ICLE V: Effective date, if other than the effective date is listed, the date must	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under a many false info	t be specific and cannot be more than five business days pri
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