Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

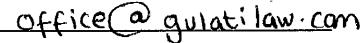
Account Name : GULATI LAW

Account Number : 120130000014

Phone : (407)900-5054

Fax Number : (407)517-4931

\*\*Enter the email address for this business entity to be used far future annual report mailings. Enter only one email address please. \*\*



# FLORIDA LIMITED LIABILITY CO. KARSON CONSULTING, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

MAY 1 4 2013 A. LUNT

(850) 245-6051.

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

KARSON CONSULTING, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH GULATI, ESQ.	- Fr. 28_
Name of Person	2013 HA
GULATI LAW, P.L.	A STATE OF THE STA
Firm/Company	တ္တည္ မ
409 MONTGOMERY ROAD, UNIT 131	E. F.
Address	- STATE OF THE STA
ALTAMONTE SPRINGS, FL 32714	15 24 A
City/State and Zip Code	
OFFICE@GULATILAW.COM	
E-mail address; (to be used for future annual report notification)	

For further information concerning this matter, please call:

SARAH GULATI, ESQ. at 407 900-5054

Name of Person Area Code & Daytime Telephone Number

Englosed is a check for the following amount:

**2**\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KARSON CONSULTING,			<u>_</u>	
(Must end	with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address	• •			
The mailing address and	street address of the p	rincipal office of the Limited Li	ability Compan	y is:
Principal Office Addre	ss:	Mailing Address:		
181 SECRET DRIVE		181 SECRET DRIVE		
MELBOURNE, FLORIDA	32904	MELBOURNE, FLORIDA 3290	4	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
The name and the Florid  GUL  409 I	Ilorida registration.)  a street address of the range of		BHAY 13 AN II: 54 CARASSEE, FLORIDA	
liability company at t registered agent and a all statutes relating to	registered agent and to the place designated in gree to act in this capac the proper and comple	accept service of process for the this certificate, I hereby accept to ity. I further agree to comply we performance of my duties, and egistered agent as provided for it	he appointment ith the provision I I am familiar v	as is of vith

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:
MGR	SONA MUTHVVIJAYAN  181 SECRET PRIVE  MELBOURNE EL 33704
·	ALL RAY SSEE
- All the four participants	
	更用 <b>第</b>
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date in effective date is listed, the date must be prior to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) se specific and cannot be more than five business day:
REQUIRED SIGNATURE:	
	San M
(In accordance with section 608,40 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	
Турс	SONA MUTHUVIJAYAN d or printed name of signed

## 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)