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(Re	questor's Name)	·····	
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PICK-UP	☐ WAIT	MAIL	
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EFFECTIVE DATE

DEC 1 6 2013

T. BROWN

Nos



(850) 245-6051.

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

## Kastl Security Consulting LLC

Name of Limited Liability Company

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

Please return all corresp	ondence concerning this mat	ter to the following:	
Chris J	l. Kasti		
<del></del>	*	Name of Person	
Kastl S	<b>Security Cons</b>	sulting LLC	
		Firm/Company	
505 Ce	edar Lane		
		Address	
Lake M	1ary, FL 327	46	
	Cit	ty/State and Zip Code	
ckastl@n	nac.com		
<del></del>	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Mary Eller	n Kastl	_ <sub>at</sub> 407 _ 302-6	994
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□\$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	Street/Courier Address Registration Section	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2013

CHRIS J KASTL KASTL SECURITY CONSULTING LLC 505 CEDAR LANE LAKE MARY, FL 32746

SUBJECT: KASTL SECURITY CONSULTING LLC

Ref. Number: W13000063736

We have received your document for KASTL SECURITY CONSULTING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$130.00.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

. Teresa Brown Regulatory Specialist II

Letter Number: 213A00026635



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:	TALLANDER TALLANDER			
Kastl Security Consulting LLC		SSE P III			
(Must end with the words "Limited Lie	ability 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:	<b>V</b>			
		EFFECTIVE DATE			
505 Cedar Lane	505 Cedar Lane				
Lake Mary, FL 32746	Lake Mary, FL 32746	12-1-13			
<u> </u>		<del></del>			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the	e registered agent are:				
Aline Martin					
Nan	ne				
376 Westwind Ct.					
Florida street a	address (P.O. Box NOT acceptable)				
Lake Mary	<sub>FL</sub> 32746				
City,	State, 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.

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Chris J. Kastl
	505 Cedar Lane
	Lake Mary, FL 32746
MGRM	Mary Ellen Kasti
	505 Cedar Lane
	Lake Mary, FL 32746
(Use attachment if necessary)	
LE V: Effective date, if other than the da	ate of filing: 12/1/2013 . (OPTIONA

ARTICLE V: Effective date, if other than the date of filing: 12/1/2013 (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.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chris J. Kastl

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)