

L14000122309

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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08/01/14--01013--015 \*\*130.00

EFFECTIVE DATE 08/01/2014

FILED  
14 AUG -1 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SP4  
8/15/14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KPTM SOLUTIONS 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:

KRISHNA VENKATRAMA

Name of Person

KPTM SOLUTIONS LLC.

Firm/Company

7670 CROSSTREE LANE, JACKSONVILLE, FL

Address

JACKSONVILLE, FL, 32256

City/State and Zip Code

INFO@KPTMSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISHNA VENKATRAMA at ( 904 ) 3076230

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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  
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

EFFECTIVE DATE 08/01/2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KPTM SOLUTIONS LLC.

(Must end with the words "Limited 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:**

7670 CROSSTREE LANE  
JACKSONVILLE  
FL 32256

7670 CROSSTREE LANE  
JACKSONVILLE  
FL 32256

**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 registered agent are:

KRISHNA VENKATRAMA

Name

7670 CROSSTREE LANE

Florida street address (P.O. Box **NOT** acceptable)

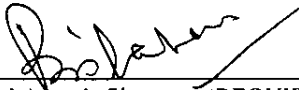
JACKSONVILLE

FL 32256

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

OWNER - MANAGER

OWNER-MANGER

**Name and Address:**

KRISHNA VENKATRAMA  
7670 CROSSTREE LANE  
JACKSONVILLE, FL 32256

BALASUNDAR GOVINDARAJ  
10025 Sifton Court, Jacksonville, FL 32246

(Use attachment if necessary)

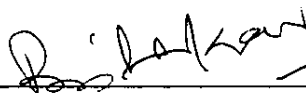
**ARTICLE V:** Effective date, if other than the date of filing: AUG 1, 2014 (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

Company focusses on Data Solutions especialy in specialized domains like Financial & Accounting  
in the Software Services Industry

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

KRISHNA VENKATRAMA

Typed or printed name of signer

**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)**

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