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COVER LETTER

Division of	Corporations			
SUBJECT: KLM E	300kkeeping and Payroll S Name of Li	ervices, LLC mited Liability Company		
The enclosed Article	s of Organization and fee(s) a	we submitted for filing.		
Please return all corre	espondence concerning this n	natter to the following:		
<u>Keara M</u>	Morris	Name of Person		
KLM Bo	okkeeping and Payroll Ser			
		Finn/Company		
614 Rer	naissance Pointe # 307			
		Address		
Altamon	te Springs, FL 32714	City/State and Zip Code		
kaava?@hatma			EG	्रा प्राप्त
<u>keara3@hotma</u>	E-mail address: (to be use	ed for future annual report notification)		5 Kg 3
For further information	on concerning this matter, ple	ase call:		<u> </u>
			नी . 	P
Keara Morris		954) 817-5192	<u> </u>	 .c
Nai	me of Person	Area Code Daytime Telephone Nu	mber 質斯	Ç.
Enclosed is a check f	or the following amount:		•	
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		00 Filing Fee, icate of Status &	
		(additional copy is enclosed) Certifi	ed Copy al copy is enclosed)
<u> Ma</u>	illing Address	Street/Courier Address		
	gistration Section vision of Corporations	Registration Section Division of Corporations		
P.C). Box 6327	Clifton Building		
Tal	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KLM Bookkeeping and Payroll Services. 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: Mailing Address: Mailing Address: Mailing Address: Mailing Address: 614 Renaissance Pointe # 307 Altamonte Springs, FL 32714 ARTICLE III - Registered Agent, Registered Office, & 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: Keara Morris Name 614 Renaissance Pointe # 307 Florida street address (P.O. Box NOT acceptable) Altamonte Springs FL 32714 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. If there 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. KEARA MORY IS Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	ARTICLE I - Name: The name of the Limited	Liability Company is:		
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Use attachment if necessary) V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Jese attachment if necessary) V: Effective date, if other than the date of filing:	MGR	Keara Morris
Altamonte Springs, FL 32714 Use attachment if necessary) V: Effective date, if other than the date of filing:		
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VI: Other provisions, if any. EQUIRED SIGNATURE: Keara Morris 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.) Keara Morris Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	Use attachment if necessary)	
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