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FILED Mar 18, 2019 08:00 AM Secretary of State

COVER LETTER

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Division of Corporations	·	
SUBJECT: KLT Business Forum LLC		
Name of	Limited Liability Company	
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Robert Wolf		
	Name of Person	
KLT Business Forum LLC		
	Firm/Company	
11414 Merganser Way		
	Address	
New Port Richey, FL 34654		
	City/State and Zip Code	
rwolf1950@tampabay.rr.com E-mail address: (to be u	used for future annual report notification)	
For further information concerning this matter, p	please call:	
Robert Wolf at	(707)	
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	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED The name of the Limited Liability Company is:

Mar 18, 2019 08:00 AM **Secretary of State**

KLT Business Forum LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11414 Merganser Way New Port Richey, FL 34654	11414 Merganser Way New Port Richey, FL 34654
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
The hame and the Fiorida succe address of the registered ag	, , , , , , , , , , , , , , , , , , ,
Robert Wolf Name	
11414 Merganser Way	OTAll
Florida street address (P.O. Box N	OI acceptable)
New Port Richey	Ft. 34654
City	Zip
capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter	tee of process for the above stated limited liability company a see appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Auti	hadinad Marika	Name and Address:
"MGR" = Mana		
MGR		Robert Wolf
		11414 Merganser Way
		New Port Richey, FL 34654
		
		
(Use attachment	,,	
ARTICLE V: Effective date is liste the date of filing.)	ite, if other than the date of it it. Ited, the date must be specifically the specifically	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days afte
ARTICLE VI: Other provi	isions, if any.	
REQUIRED SIG	SNATURE:	
<u> </u>		
constitu I am av	ordance with section 605.02 ites an affirmation under the vare that any false informati	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)
	Robert Wolf	ped or printed name of signee
	1 y	ped 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)