To: 18506176381 From: 14693173436 Date: 09/12/19 Time: 7:12 AM Page: 01/03

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

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FLORIDA LIMITED LIABILITY CO.

Kenneth Fanchi Consulting LLC

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To: 18506176381 From: 14693173436 Date: 09/12/19 Time: 7:12 AM Page: 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOFOR	(CAR INVESTIGATION IN	A PRODUCTION OF THE PERSON OF		
ARTICLE I - Name:				
The name of the Limited Liability C	ompany is:			
•				
Kenneth Fanchi Consult	ing LLC			
(Must contain	the words "Limited Li	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street addre	ess of the principal off	nce of the Limite	d Liability Company is:	
Paris de la Companya	NG 4-4		Mailing Addr	044.
<u>Principal C</u>	Office Address:		William Page	7.33.
7280 Lismore Court,			30 Lismore Court .	202
Lakewood Ranch, FL, L	JS, 34202	<u>Lal</u>	kewood Ranch, FL, US, 34	202
ARTICLE III - Registered Agent,	Registered Office, &	Registered Age	ent's Signature:	
(The Limited Liability Company ca another business entity with an acti	nnot serve as its own R	Registered Agent.	You must designate an ind	ividual or
•				
The name and the Florida street add	ress of the registered a	agent are:		
	Kenneth Fanchi			
		Name		
	7280 Lismore Court,			
	Florida street address		acceptable)	
	Lakewood Ranch.	FI.	34202	
<u></u>	City	State	Zip	
	•			
laving been named as registered age blace designated in this certificate. I him the proving the proving familiar with and accept the obliging familiar with an accept the obliging familiar with a control of the obliging familiar with a co	ereby accept the appoi isions of all statutes rela	intment as registe ating to the prope	red agent and agree to oct i er and complete performanc	n this capacity. I se of my duties, and I
	Register	red Agent's Sign	ature (REQUIRED)	15.
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To: 18506176381 From: 14693173436 Date: 09/12/19 Time: 7:12 AM Page: 03/03

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on submitted in a document to the Department of State
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