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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 12/17/2019

PRIORITY Routine

OUR REF # (Order ID#) 795493

ORDER ENTITY

KAISER CONSULTING, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KAISER CONSULTING, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: justin@elitefunds.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: IZ0050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

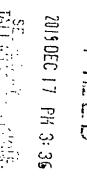
Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 17, 2019 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kı	aiser Consulting, LLC			
(Must con	natin the words "Limited I	iability Company.	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
3030 STARKEY BLVD STE 218			3030 STARKEY BLVD STE 218	
NEW PORT RICHEY, FL 34655			NEW PORT RICHEY, FL 34655	
	t address of the registered: Justin Kai			
	Justin Kai	ser		
	Justin Kai	ser Name EY BLVD STE 218		
	Justin Kai 3030 STARK Florida street address	ser Name EY BLVD STE 218	rceptable)	
	Justin Kai 3030 STARK Florida street address	Name EY BLVD STE 218 s (P.O. Box SOT ac	rceptable)	
Having been named as registered place designated in this certificat further agree to comply with the	Justin Kai 3030 STARKI Florida street address NEW PORT City d agent and to accept servi te. I hereby accept the apper	Name EY BLVD STE 218 s (P.O. Box NOT active State) State ce of process for the cointment as registered at the proper	rceptable)	ity. I

(CONTINUED)



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

Title:	Name and Address:
"AMBR" = Auth	
"MGR" = Manag	,er
MGR	Justin Kaiser
	3030 STARKEY BLVD STE 218
	NEW PORT RICHIEY, FL 34655
AMBR	Ana Kaiser
	3030 STARKEY BLVD STE 218
	NEW PORT RICHEY, FL 34655
	
	
(Use attachment	if necessary)
(If an effective date is liste the date of filing.) Note: If the date inserted	ate, if other than the date of filing:
ARTICLE VI: Other prov	isions, if any.
REQUIRED SI	GNATURE:
	Justin Kaiser
1	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.
	Justin Kasier
	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)