# 122000211275

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |
|---|
| (City/State/Zip/Phone #)  |
|   |
| PICK-UP WAIT MAIL   |
|   |
| (Business Entity Name)  |
| (Document Number)   |
| Certified Copies Certificates of Status                           |
| Special Instructions to Filing Officer:                           |
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|   |
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Office Use Only

T. SCOTT; MAY 1 9 2022



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TALLAHASSEE FINE

# COVER LETTER

| Division of Corporations   |  |  |  |
|--|--|--|--|
| SUBJECT: KD & CO Consulting 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:    |  |  |  |
| Onital D. Cabrera Name of Person   |  |  |  |
| Three Bridges Odvisory Erm/Company   |  |  |  |
| 817 E Conover St   |  |  |  |
| Address  |  |  |  |
| Tampa FL 33603  City/State and Zip Code  Throe Bridges Advisor @ General Com |  |  |  |
| Throe Bridges Advisory @ Communition   |  |  |  |
| E-mail address: (to be used for future annual report notification)           |  |  |  |
| For further information concerning this matter, please call:                 |  |  |  |
| Area Code Daytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount:                                |  |  |  |
| ★ 125.00 Filing Fee Certificate of Status                                    |  |  |  |

# Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:  |
|---------------------------|-------------------|
| 3414 San Pedro St         | 3414 San Pedro St |
| 74-m FL 33629             | Tampa FL 33629    |
|                           |                   |

# 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:

Name

Bi7 Conover St

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

Tampox FL 33603

City State 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)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:   |
|---|---|
| "MGR" = Manager   | Kimberly F. Davis 34/4 Son Pedro St Temper FL 33629   |
| <u>PMBR</u>   | Prikal D. Calorera<br>8:7 E Conax 31<br>Tapa FL 33603   |
|   |   |
|   |   |
| (Use attachment if necessary)   |   |
| the date of filing.) <u>Note:</u> If the date inserted in this block does n         | late of filing: 5/18/2022. (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as                                    |
| the document's effective date on the Departm  ARTICLE VI: Other provisions, if any. | ent of State's records.   |
| REOUIRED SIGNATURE:   | 770   |
| This document is ex<br>I am aware that any I  | member or an authorized representative of a member. eccuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| <u> </u>  | 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)