Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

Email Address:__

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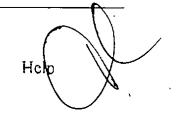
FLORIDA LIMITED LIABILITY CO. KLS GROUP LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|--|
| The name of the Entitled Classific Company is: | • |
| KLS GROUP 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 prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 516 S DIXIE HIGHWAY SUITE 325 | 516 S DIXIE HIGHWAY SUITE 325 |
| WEST PALM BEACH, FL 33401 | WEST PALM BEACH, FL 33401 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region and the Florida street address of the rekey in SMITH | Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) |
| | Laure |
| 516 S DIXIE HIGHWAY SUITE | The state of the s |
| Florida street address (F | O. Box NOT acceptable) |
| WEST PALM BEACH | FL 33401 |
| 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. 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)

Page 1 of 2

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

| Name and Address: | |
|---|--|
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| o (OPTIONALE) | 글 |
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| | |
| | Name and Address: KEVIN SMITH 516 S DIXIE HIGHWAY SUITE 325 WEST PALM BEACH, FL 33401 G: (OPTIONAL): g: (OPTIONAL): nd cannot be more than five business days prior to or 90 |

REQUIRED SIGNATURE:

kevin Smith

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.)

KEVIN SMITH

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)

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