

L23000/50299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

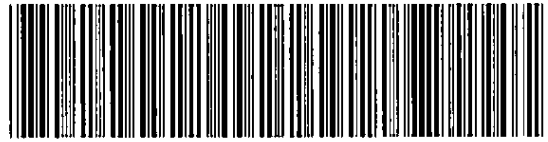
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500403900445

S. CHATHAM
APR -3 2023

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAR -8 AM 9:50

2023 MAR -8 PM 2:58

FILED

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

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 Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/8/2023 **PRIORITY** Regular Approval

OUR REF # (Order ID#) 1126643

ORDER ENTITY
KENSINGTON STRATEGIC ADVISORS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
KENSINGTON STRATEGIC ADVISORS, LLC (FL)

Please file the attached articles and provide a certified copy.

** Please honor original
date.*

NOTES:

\$155.00 Authorized

Email address for annual report reminders: margenjid@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2023

INCSERV

SUBJECT: KENSINGTON STRATEGIC ADVISORS, LLC
Ref. Number: W23000032357

We have received your document for KENSINGTON STRATEGIC ADVISORS, LLC. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 623A00005534

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENSINGTON STRATEGIC ADVISORS, LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

142 Andalusia Way
Palm Beach Gardens, Florida 33418

Mailing Address:

250 Moonachie Road, Suite 200
Moonachie, New Jersey 07074

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:

Paul DeGrado

Name

142 Andalusia Way

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

<u>Palm Beach Gardens</u>	<u>Florida</u>	<u>33418</u>
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR -8 AM 9:50

FILED

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Paul DeGrado
250 Moonachie Road, Suite 200
Moonachie, New Jersey 07074

AMBR _____

Pietro Sollecito
250 Moonachie Road, Suite 200
Moonachie, New Jersey 07074

(Use attachment if necessary)

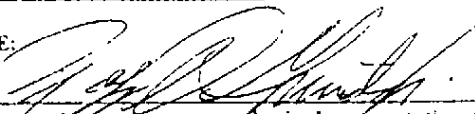
ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not serve as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



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.

Marge D. Grimaldi, Authorized Person

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE

2023 MAR -8 AM 9:50

FILED