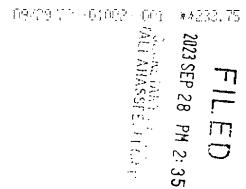
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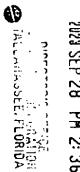
(1	Requestor's Name)	
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(4	City/State/Zip/Phone #)	
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(1	Document Number)	
Certified Copies	Certificates of St	tatus
Special Instructions to F	filing Officer:	
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Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Krystal K	KONSULTS, LLC imited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
_ Krustal -	TORNES Name of Person
J	Name of Person
	Firn/Company
11407 Pina	
<u> 7707 Biye</u>	Bill Pass Address
Tallahassee	FL 32303
Krystaland Com E-mail address: (10 be use	City/State and Zip Code  CANY & Ornal: Com  defor future annual report notification)
For further information concerning this matter, pleas	
Krystal Tornesat(	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□S125.00 Filing Fee □S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  Cartified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee  2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee. FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Krystal Konsults, L1C (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  HHUT BILLE BILL Pass Same  Tallahossee, FL 32303
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:
Krystal Tornes
H407 Blue Bill Pass Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Executive Director	- Krystal Tomes
	Tallahassee, FL 32363
Member	7
OFFICER	Elmira Davis
	TAHAHUSSPE, FL 32303
E V: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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