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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer	
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2024 SEP -4 AM 9: 47

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis

Date:	09/04/2024	(850) 202-18		
Name:	Cheyanne Davis	_		
Reference	2479511	-	103. 103.	2024 9
Entity Nan	ne: KLEINMAN ASSE	T MANAGEMENT LLC	E A	024 SEP -4
✓ Arti	cles of Incorporation/Authorization (RY OF STATE	4 AM 9:47
Cha	ange of Agent			
☐ Rei	nstatement			
Cor	nversion			
☐ Me	rger			
☐ Dis	solution/Withdrawal			
☐ Fict	titious Name			
✓ Oth	nerPLEASE ATTACH C	ERTIFIED COPY UPON FILING		
Authorized	d Amount: \$155.00			
Signature:	Onyour Para			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	09/04/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference	e #: 2479511	202
	me: KLEINMAN ASSET MANA	AGEMENT LLC TALLA
 Art	ticles of Incorporation/Authorization to Transac	ARK HAS
☐ Ch	ange of Agent	
☐ Re	einstatement	
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☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
✓ Oth	herPLEASE ATTACH CERTIFIED	COPY UPON FILING
Authorize	d Amount: \$155.00	
Signature	Conjunction	

COVER LETTER

TO:	New Filing S Division of C	ection Corporations							
SUBJE	CT:	Kleinmar	ı Asse	et Mana	agei	ment LLC			
170 170 1		Name o	Limit	ted Liab	ility	Company			
The en	closed Articles	of Organization and fee(s) are :	submitte	d fo	or filing.			
Please	return all corres	spondence concerning thi	s matt	er to the	foll	lowing:		77 0.33	2021
				Nicolas	Mo	olina			ŝ
				Name	of Po	erson		A:	1024 SEP -
		Eı	ndang	ered In	ves	tments LL C		ASSI	F
				Firm/C	om	pany		m _o	AM 9
			425	5 W. Ma	asht	ta Drive		FL	9: 47
				Add	ires	5			
			Kev	Biscavr	ne. F	FL 33149			
					_	Zip Code			
		nick@	genda	angered	linv	estments.com			
		E-mail address: (to be			_		on)		
or furth	er information	concerning this matter, p	lease c	all:					
	ot	seph A. Spina a	t (516)	296-91	20		
	Na Na	ame of Person	Are	a Code		Daytime Telephone	Number		
Enclose	ed is a check fo	r the following amount:							
\$125.0	0 Filing Fee	\$130.00 Filing Fee a Certificate of Status	;	Certi	fied	Filing Fee & Copy copy is enclosed)	\$160.00 Fi Certificate Certified C (additional co	of Status & opy	ed)
	New Divi P.O.	ling Address Filing Section ision of Corporations Box 6327 ahussee, FL 32314			No Di Cl 26	reet Address ew Filing Section ivision of Corporatio lifton Building 161 Executive Cente allahassee, FL 3230	r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Kleinman As	set Management LL	C	
(Must conta	in the words "Limited Li			
ARTICLE 11 - Address: The mailing address and street ac	Idress of the principal offi	ce of the Limited Liab	ility Company is:	
Princips	I Office Address:		Mailing Address:	
425 W	Mashta Drive		425 W. Mashta Drive	
720 11.				
	cannot serve as its own R	Registered Agent's S	ignature: nust designate an individual or Z	SECHALANY OF
Key Bisc ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent's S egistered Agent. You r) gent are:	ignature: nust designate an individual or c	n ~
Key Bisc ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent's S egistered Agent. You r	ignature: nust designate an individual or c	n ⁻¹ . 20: ≥ :
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Nicolas Motina
	425 W. Mashta Drive
	Key Biscayne, FL 33149
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(Use attachment if necessary)	د اسراع)
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E V: Effective date, if other than the date of active date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.	filing:
ective date is listed, the date must be speci of filing.) the date inserted in this block does not me- ment's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	filing: (OPTIONAL)1 = ific and cannot be more than five business days prior to option to option to option the applicable statutory filing requirements, this date will no State's records.
E V: Effective date, if other than the date of active date is listed, the date must be special filing.) The date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	filing:

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)