

M21000012012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

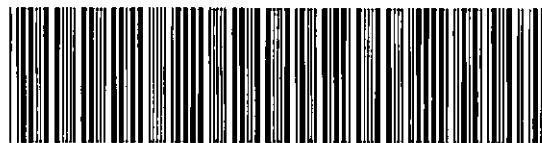
(Document Number)

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2021 SEP 10 AM 11:14

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/10/2021

**\*\*WALK IN\*\***

ENTITY NAME KLEO CONSULTING, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

*E. R. H.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KLEO CONSULTING, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. New York 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4701 Meridian Ave 6. 4701 Meridian Ave  
Apt 227 (Mailing Address)  
(Street Address of Principal Office)

Miami Beach, FL 33140 Miami Beach, FL 33140  
\_\_\_\_\_  
\_\_\_\_\_

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eitan Friedman  
Office Address: 4701 Meridian Ave  
Apt 227  
Miami Beach 33140  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

2021 SEP 10 AM 11:14

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Eitan Friedman  
(Registered agent's signature)

<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>	<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>
<input type="checkbox"/> Manager	Name: <u>Eitan Friedman</u>	<input type="checkbox"/> Manager	Name: _____
	<u>4701 Meridian Ave</u>		
<input type="checkbox"/> Member	<u>Apt 227</u>	<input type="checkbox"/> Member	Address: _____
	Address: <u>Miami Beach, FL 33140</u>		
<input checked="" type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager      Name: Lauren Friedman  
☐ Member      4701 Meridian Ave  
Apt 227      Address: \_\_\_\_\_  
☒ Authorized      Miami Beach, FL 33140  
\_\_\_\_\_  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other      ☐ Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_


☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

Eitan Friedman  
Typed or printed name of signer

**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

<b>Entity Name:</b>	KLEO CONSULTING, LLC
<b>DOS ID Number:</b>	4134507
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	08/24/2011
<b>Statement Status:</b>	PAST DUE DATE
<b>Statement Due Date:</b>	08/31/2013

I certify that the following is a list of documents on file in the Department of State for said entity:

<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	08/24/2011
<b>Entity Name:</b>	L.A. KAHN DESIGNS LLC

<b>Document Type:</b>	CERTIFICATE OF AMENDMENT
<b>Date of Filing:</b>	04/02/2019
<b>Name Changed To:</b>	KLEO CONSULTING, LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on September 10, 2021  
at 11:24 A.M.

ROSSANA ROSADO, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State