

M22000016501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

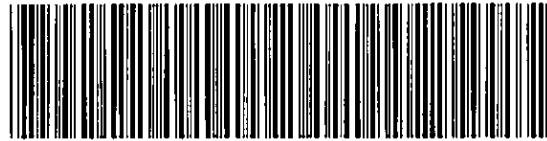
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
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2022 OCT 27 AM 11:13

2022 OCT 27 PM 2:59

OCT 28 2022

< Brumby

Incorporating Services, Ltd.

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



**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** 10/27/2022

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1082484

**ORDER ENTITY**

KLG BUSINESS VALUATORS & FORENSIC ACCOUNTANTS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**KLG BUSINESS VALUATORS & FORENSIC ACCOUNTANTS, LLC ( FL )**

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: corp2@servico.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "VJ" or similar, with a large loop at the end.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. KLG BUSINESS VALUATORS & FORENSIC ACCOUNTANTS, 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. 11-2987987  
(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 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 175 PINELAWN ROAD, STE 302 6. 175 PINELAWN ROAD, STE 302  
(Street Address of Principal Office) (Mailing Address)  
MELVILLE, NY 11747 MELVILLE, NY 11747

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

Name: INCorp SERVICES, INC.  
Office Address: 17888 67TH COURT NORTH  
LOXAHATCHEE, Florida 33470  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 OCT 27 AM 11:13  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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.

David Jresen  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: GRESEN CONSULTING INC.

☒ Member Address: 175 PINELAWN RD

☐ Authorized STE 302

Person MELVILLE, NY 11747

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: GSL CONSULTING, INC.

☒ Member Address: 175 PINELAWN RD

☐ Authorized STE 302

Person MELVILLE, NY 11747

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

David Gresen  
Signature of an authorized person

David Gresen  
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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>	KLG BUSINESS VALUATORS & FORENSIC ACCOUNTANTS, LLC
<b>DOS ID Number:</b>	2598189
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	01/25/2001
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	01/31/2023

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

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<b>Document Type:</b>	CERTIFICATE OF CONVERSION
<b>Date of Filing:</b>	01/25/2001
<b>Name Changed To:</b>	KLEIN LIPTON LIEBMAN GRESEN LLC

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<b>Document Type:</b>	AFFIDAVIT OF PUBLICATION
<b>Date of Filing:</b>	04/20/2001

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<b>Document Type:</b>	AFFIDAVIT OF PUBLICATION
<b>Date of Filing:</b>	04/20/2001

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<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	01/15/2003
<b>Effective Date:</b>	01/01/2003

**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 07/16/2004  
**Name Changed To:** KLEIN LIEBMAN & GRESER, LLC

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 01/28/2005  
**Effective Date:** 01/01/2005

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 01/05/2007  
**Effective Date:** 01/01/2007

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 12/23/2008  
**Effective Date:** 01/01/2009

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 03/03/2011  
**Effective Date:** 01/01/2011

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 11/11/2021

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**Document Type:** CERTIFICATE OF CHANGE BY ENTITY  
**Date of Filing:** 12/16/2021

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**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 12/16/2021  
**Name Changed To:** KLG BUSINESS VALUATORS & FORENSIC ACCOUNTANTS, 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 October 21, 2022 at  
03:01 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State