

05/22/2032 04:5

11/10/2019

04:5

PI4000059477

7417 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000166187 3)))



H140001661873ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305) 552-5973
 Fax Number : (305) 675-5944

14 JUL 11 PM 2:35
 RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KLL CONSULTING, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 JUL 11 PM 4:01
 RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

12

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

KLL Consulting, Inc

Article II - Principal and Mailing Address

8520 SW 133 Ave Rd Apt 307
Miami FL 33183

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Kenia Llanes (PD)

14 JUL 11 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Kenia Llanes
8520 SW 133 Ave Rd Apt 307
Miami FL 33183

Article VI - Incorporator

The name and address of the incorporator is:

Kenia Llanes
8520 SW 133 Ave Rd Apt 307
Miami FL 33183

H 140 00166187

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Incorporator_____
Date

14 JUL 11 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FL 32399

H 140 00166187