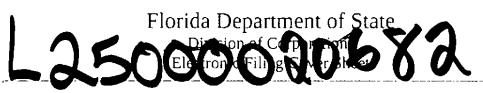
Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 LIMITED LIABILITY CO. Keli Wealth Enterprise LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

1/14/2025 10.38:03 PST* To: 18506176381 Page: 2/3 Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Keli Wealth Enterprise LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7901 4th St N	7901 4th St N
STE 300	STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702

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:

Registered Agents Inc	:	
	ame	
7901 4TH ST N STE :	300	
Florida street address (I	² .O. Box <u>NOT</u> a	cceptable)
ST. PETERSBURG	FL	33702
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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Babo Ndjantou, Martial Achille
AMBR	7901 4th St N STE 300
	St. Petersburg, FL 33702

(Use attachment if necessary)	
EV: Effective date, if other than the elective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departm	date of filing:
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departm. EVI: Other provisions, if any. Administration, Consulting, Advisor Signature of a This document is ex I am aware that any	not meet the applicable statutory filing requirements, this date will not be sent of State's records. The property and any other lawful business The member of an authorized representative of a member. The member of an authorized representative of a member. The property of the prope
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EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date of the	ry and any other lawful business The member of an authorized representative of a member. The anisotropic of a member of a me