

L250000034057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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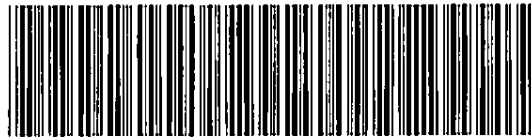
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

W. LAWRENCE
JAN 17 2025

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: K.G.H. Consulting Professionals, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kym G. Holcomb

Name of Person

K.G.H. Consulting Professionals, LLC

Firm Company

2345 Harris Hawk Ave Suite 4

Address

Rusk, FL 33570

City State and Zip Code

kgheconsultingpro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kym G. Holcomb

850

212-3439

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street Suite 810
Tallahassee, FL 32303

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JAN 17 2025

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K G H Consulting Professionals, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2345 Harris Hawk Ave Suite 4 Ruskin, FL 33570

2345 Harris Hawk Ave, Suite 4 Ruskin, FL

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:

Kym G. Holcomb

Name

2345 Harris Hawk Ave Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Ruskin

City

FL

State

33570

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)

NOTARY PUBLIC
ALACHUA COUNTY, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" -- Authorized Member

"MGR" -- Manager

MGR _____

Name and Address:

Kym G. Holcomb

2545 Harris Hawk Ave, Suite 4

Ruskin, FL 33570

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, January 6, 2025 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b), Florida Statute.
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.

Kym G. Holcomb

Kym G. Holcomb

Typed or printed name of signee

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)

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ALBUQUERQUE, NEW MEXICO

WILLIAMSON

2025 JAN 17