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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AJO Consulting LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **AJO Consulting 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:

800 S. Andrews Avenue, Suite 200

800 S. Andrews Avenue, Suite 200

Fort Lauderdale, FL 33316

Fort Lauderdale, FL 33316

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Cynthia Schiffelbian

Name

800 Coconut Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Lauderdale, FL 33315

(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 608, F.S.*

Cynthia Schiffelbian

**Registered Agent's Signature - Cynthia Schiffelbian**

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Amanda Ober - P.O. Box 350337, Fort Lauderdale, FL 33335

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Amanda Ober

Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Amanda Ober

Typed or printed name of signee

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