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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LIFE OF REILLY CONSULTING LLC	
Name of Carlot and Car	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TRICIA JOHNSON	SISION OF
TRICIA JOHNSON Name of Person	<
LIFE OF REILLY CONSULTING LLC Firm/Company	-
3470 EAST COAST AVENUE PH101 Address	-
MIAMI, FL 33137	
City/State and Zip Code	-
TARNYC@AOL.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TRICIA JOHNSON at (917) 6962862	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFE OF REILLY CONSULTING LLC

(Must end with 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:
3470 EAST COAST AVENUE PH101 MIAMI, FL 33137	3470 EAST COAST AVENUE PH101 MIAMI FL 33137
ARTICLE III - Registered Agent, Registe	red 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:

TRICIA JO	DHNSON
	Name
3470 EAS	COAST AVENUE PH101
	Florida street address (P.O. Box NOT acceptable)
MIAMI	_{FL} 33137
<u> </u>	City, State, and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
MGR	TRICIA JOHNSON
	3470 EAST COAST AVENUE PH101 MIAMI FL 33137
MGR	MATTHEW JOHNSON
	3470 EAST COAST AVENUE PH101 MIAMI FL 33137
	MIXIMIT EGG TO
(Use attachment if necessary)	
RTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
f an effective date is listed, the date	must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	

Signature of	a member or an authorized representative of a member.
constitutes an affirma	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
constitutes a third deg	alse information submitted in a document to the Department of State tree felony as provided for in s.817.156, F.S.
·	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)