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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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.
ajo consulting services, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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B. BOSTICK
MAR -8 2012

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ARTICLES OF ORGANIZATION FOR AJO CONSULTING SERVICES, LLC

ARTICLE I - Name:

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

ARTICLE II - Address:

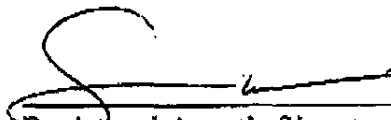
The mailing address and street address of the principal office of the Limited Liability Company is: **712 San Esteban Avenue, Coral Gables, Florida 33146.**

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: **Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.**

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, Florida Statutes.


Registered Agent's Signature

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:


Manager

Armando J. Olivera
712 San Esteban Avenue
Coral Gables, Florida 33146

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Signature of a member or an
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.)

Armando J. Olivera
Typed or printed name of signee

- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (OPTIONAL)
 - \$ 5.00 Certificate of Status (OPTIONAL)

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