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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Troiano Efficiency & Solutions Consulting, LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle Troiano
Name of Person
Troiano Efficiency & Solutions Consulting, LLC.
Firm/Company
221 Beach Rd. Ste.186
Address
Siesta Key, FL 34242
City/State and Zip Code
danielletroiano@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Troiano at (941) 552-6279
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigs\tag{130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & \infty\tag{\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Æ	Ĭ.	Na	me:

The name of the Limited Liability Company is:

Troiano Efficiency & Solutions 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:
221 Beach Rd. Ste. 186 Siesta Key, FL 34242	221 Beach Rd. Ste. 186 Siesta Key, FL 34242
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Mia Leone	Name P D
1	Name Page 2 0
221 Beach Rd	TO R
Florida stre	eet address (P.O. Box NOT acceptable)
Siesta Key	FL 34242
Ci	ty, 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)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGR	Danielle Troiano
	221 Beach Rd. #186
	Siesta Key, FL 34242
(Use attachment if necessary)	
	nan the date of filing: (OPTION)
	nust be specific and cannot be more than five business da
REQUIRED SIGNATURE:	

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. 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.)

Danielle Troiano

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)