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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

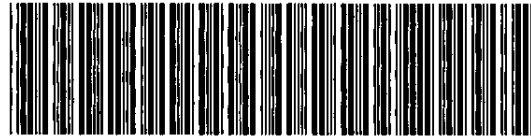
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fleissner 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:

Christian Fleissner IV
Name of Person

Fleissner Consulting LLC.
Firm/Company

20 Casa Bella Circle #3
Address

Palm Coast, FL 32137
City/State and Zip Code

Fleissnerconsulting@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Christian Fleissner IV at (908) 347-4898
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fleissner 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:

20 Casa Bella Circle #3
Palm Coast, FL 32137

Mailing Address:

20 Casa Bella Circle #3
Palm Coast, FL 32137

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 another business entity with an active Florida registration.)

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

Christian Fleissner IV
Name
20 Casa Bella Circle #3
Florida street address (P.O. Box **NOT** acceptable)
Palm Coast FL 32137
City Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as prov Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

AMBR

Name and Address:

Christian Fleissner IV
80 Casa Bella Circle #3
Palm Coast, FL 32137

Barbara L. Fleissner
80 Casa Bella Circle #3
Palm Coast, FL 32137

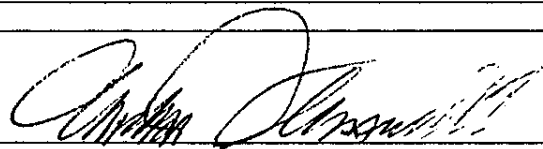
(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 9 the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Christian Fleissner IV

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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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA