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COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJEC	ALISON MIDILI SMITH CONSU	JLTING LLC				
SUBJEC	·	Limited Liabili	ty Company			
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.			
Please re	turn all correspondence concerning this	matter to the f	ollowing:			
	ALISON MIDILI SMITH					
		Name of	Person			
	ALISON MIDILI SMITH CONSUL	LTING LLC				
	Firm/Company					
	2808 CLUBHOUSE DR.					
		Address				
	PLANT CITY, FL 33566					
	amidilismith@gmail.com	City/State and	d Zip Code			
	E-mail address: (to be us	sed for future a	nnual report notification)			
or furthe	r information concerning this matter, ple	ease call:				
	ALISON MIDILI SMITH	863	327-3741			
	Name of Person		Daytime Telephone Number			
Enclosed	I is a check for the following amount:					
\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	L ▼ Certitio	0 Filing Fee & S160.00 Filing Fee. ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FŁ 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALISON MIDILI SMITH CONSULTING LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
II - Address: g address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
g address and street address of the principal office	

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 or another business entity with an active Florida registration.)

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

ARTICLE 1 - Name:

ALISON MIDILI SI	МІТН	
	Name	
2808 CLUBHOUSE	DR	
Florida street addres	ss (P.O. Box <u>SOT</u> ac	:ceptable)
PLANT CITY	F1.	33566
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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager ALISON MIDILI SMITH MGR 2808 CLUBHOUSE DR PLANT CITY, FL 33566 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2019 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ALISON MIDILI SMITH

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)