

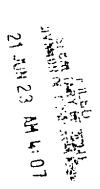
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COVER LETTER

w Filing Section vision of Corporations				
	TMAL CLINI	CAL CONS	SULTING LLC	
Name of Limited Liability Company				
d Articles of Organization	i and fee(s) are	e submitted	for filing.	
n all correspondence conc	erning this ma	itter to the fo	ollowing:	
	S	SIMONNET	PRESTON	
		Name of	Person	
OF	TIMAL CLIN	NICAL CON	ISULTING LLC	
		Firm/Cor	npany	
	2911	3 RED ALD	ER BLVD.	
		Addre	ess	
		OCOEE, F	L 34761	
		•	•	
E-mail addres			 -	ion)
formation concerning this	matter, please	call:		
GREGG MCLEOD, CP		516	639-2265	
Name of Person		rea Code	Daytime Telephon	e Number
a check for the following	amount:			
		Certifie	d Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address				
New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee	
P.O. Box 6327			2415 N. Monroe Street, Suite 810	
	E-mail address GREGG MCLEOD, CP Name of Person a check for the following Filing Fee Mailing Address New Filing Section Division of Corpora P.O. Box 6327	OPTIMAL CLINI Name of Lin ad Articles of Organization and fee(s) are a all correspondence concerning this ma OPTIMAL CLIN OPTIMAL CLIN 291: Concerning this matter, please Great Great McLeod, CPA at (OPTIMAL CLINICAL CONS Name of Limited Liability and Articles of Organization and fee(s) are submitted in all correspondence concerning this matter to the feet submoderate submitted in all correspondence concerning this matter to the feet submoderate of OPTIMAL CLINICAL CON Firm/Correspondence concerning this matter. Concerning the submoderate of Coccerning and Coccerning this matter, please call: GREGG MCLEOD, CPA at (Area Code) Area Code at check for the following amount: Filling Fee S130,00 Filing Fee Cocrificate of Status Certificate of	OPTIMAL CLINICAL CONSULTING LLC Name of Limited Liability Company and Articles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: SIMONNE PRESTON Name of Person OPTIMAL CLINICAL CONSULTING LLC Firm/Company 2913 RED ALDER BLVD. Address OCOEE, FL 34761 City/State and Zip Code grommtaxservices@yahoo.com E-mail address: (to be used for future annual report notification concerning this matter, please call: GREGG MCLEOD, CPA at 516 639-2265 Name of Person Area Code Daytime Telephon a check for the following amount: Filing Fee \$\Bigcirc S130.00\ Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Nonroe Street Address New Filing Section Division of Corporations P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street ad		Ciability Company, "L.L.C.," or "LLC.")
The mailing address and street a	ddress of the principal c	Ozac a Caba Limita d Liakilina Campony is
<u>Princip</u>		frice of the raimted ratiothty Company is.
Principal Office Address: 2913 RED ALDER BLVD.		Mailing Address:
		2913 RED ALDER BLVD.
OCOEE, FL 34761		OCOEE, FL 34761
nother business entity with an a	cannot serve as its owr active Florida registration address of the registered	
nother business entity with an a	cannot serve as its owr active Florida registration address of the registered	Registered Agent. You must designate an individua n.) I agent are:
mother business entity with an a	cannot serve as its owr active Florida registration address of the registered SIMON	Registered Agent. You must designate an individua m.) I agent are: NE PRESTON Name
The Limited Liability Company mother business entity with an a line rame and the Florida street a	cannot serve as its owr active Florida registration address of the registered SIMON 2913 REE	Registered Agent. You must designate an individua n.) I agent are: NE PRESTON
mother business entity with an a	cannot serve as its owr active Florida registration address of the registered SIMON 2913 REE	Registered Agent. You must designate an individua m.) I agent are: NE PRESTON Name ALDER BLVD.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>		Name and Address:
	BR" = Authorized Member R" = Manager	
	· ·	ON MANUS IN DISTANCE AND
<u> </u>	<u> </u>	SIMONNE PRESTON 2913 RED ALDER BLVD.
		OCOEE. FL 34761
ARTICLE V:	attachment if necessary) Effective date, if other than the date date is listed, the date must be so	of filing:
he date of filir <u>Note:</u> If the d	ng.)	neet the applicable statutory filing requirements, this date will not be listed as
and an earner		
ARTICLE VI:	Other provisions, if any,	
REQ	wired signature:	2
	<u> </u>	emper or an authorized representative of a member.
	Signature of a me	enter or an authoroxed representative of a member. Led in accordance with section 605,0203 (1) (b), Florida Statutes.
		e information submitted in a document to the Department of State
	constitutes a third degree	e felony as provided for in s.817.155, F.S.
	time degree	· · · · · · · · · · · · · · · · · · ·
		SIMONNE PRESTON
		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)