0000002799 Claire Helf - 10275 Collins Are 514-50-Hal Harbour PL 33150 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in ☐ Pick up time Photocopy Will wait ☐ Certificate of Status Mail out **AMENDMENTS NEW FILINGS** ☐ Amendment ☐ Profit Resignation of R.A., Officer/Dire ■ Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other REGISTRATION/OUALIFICATIO OTHER FILINGS ☐ Foreign ☐ Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 29, 2000

CLAIRE HELF 10275 COLLINS AVE 514 SOUTH BAL HARBOUR, FL 33154

SUBJECT: HELF CONSULTING Ref. Number: W00000005469

We have received your document for HELF CONSULTING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 900A00011035

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

10275 Collins Avenue \$514-South

Helf Consulting L. L.C.

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Bal Harbow, FL 33154 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Claire Helf
10275 Collins Avenue # 514- south
Florida street address (P.O. Box NOT acceptable) (City, 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 Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
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.) Claire Helf 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)