

**L03000034942**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : SAVETAX ACCOUNTING, INC.  
Account Number : I20000000077  
Phone : (954)730-3131  
Fax Number : (954)739-2075

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**C & E CONSULTING GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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*Handwritten signature/initials*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C & E CONSULTING GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5701 SW 118TH AVENUE  
COOPER CITY, FL. 33330

**Mailing Address:**

P.O. BOX 550154  
FORT LAUDERDALE, FL. 33355

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CALVIN FOONG

Name

5701 SW 118TH AVENUE

Florida street address (P.O. Box **NOT** acceptable)

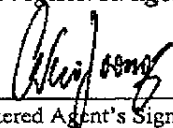
COOPER CITY FL 33330

City, State, and Zip

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*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

(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

"MGRM" = Managing Member

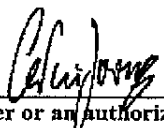
**Name and Address:**

MGRM	CALVIN FOONG 5701 SW 118TH AVENUE COOPER CITY, FL. 33330
	CALVIN FOONG
MGRM	EDUARDO ROMAN 5701 SW 118TH AVENUE COOPER CITY, FL. 33330

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

CALVIN FOONG

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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