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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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**LIMITED LIABILITY COMPANY**

**B & S Consulting Group LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **B & S 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:

10 Fair Way Drive, Suite 126

Deerfield Beach, FL 33441

Mailing Address:

10 Fair Way Drive, Suite 126

Deerfield Beach, FL 33441

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

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

**Barbara Ashford**

Name

10 Fair Way Drive, Suite 126

(P.O. Box or Mail Drop Box NOT Acceptable)

Deerfield Beach, FL 33441

(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 608, F.S.*

  
Registered Agent's Signature - Barbara Ashford

**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:**MGRMBarbara Ashford- 6369 Sea Grape Circle, Margate, FL 33063MGRMSharon Facey- 9064 South West 1st Street, Boca Raton, FL 33428MGRMLakisha Lee- 11661 West Atlantic Blvd., Coral Springs, FL 33071

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
Signature of a member or 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.)

Barbara Ashford

Typed or printed name of signee