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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

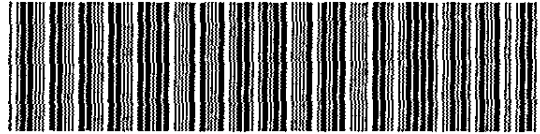
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 19 PM 2:51

WL 05/26/04

EFFECTIVE DATE  
06/1/04

Andrew J. Kline (DC & MD)  
akline@klinelawdc.com

LaQuan S. Partee, Legal Assistant  
lpartee@klinelawdc.com

LAW OFFICES  
**ANDREW J. KLINE**

1225 NINETEENTH STREET, NW  
SUITE 320  
WASHINGTON, DC 20036

(202) 686-7600  
FAX (202) 293-3130

May 18, 2004

**VIA OVERNIGHT MAIL**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RE: VBC Consulting, LLC**

Dear Sir/Madam:

Enclosed are Articles of Organization for the above referenced entity along with a check in the amount \$125.00 representing the filing fee.

I am requesting that the enclosed articles be effective on June 1, 2004.

Thank you for your assistance in this matter.

Very truly yours,

  
Andrew J. Kline

AJK/lsp  
Enclosures  
cc: Matthew P. Mason

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VBC Consulting, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew J. Kline, Esquire  
(Name of Person)

Law Office of Andrew J. Kline  
(Firm/Company)

1225 19th Street, NW, Suite 320  
(Address)

Washington, DC 20036  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew J. Kline or LaQuan S. Partee at ( 202 ) 686-7600  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VBC Consulting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

109 Pamala Court, Sanford, FL 32771

**Mailing Address:**

109 Pamala Court, Sanford, FL 32771

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

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

Matthew P. Mason

Name

109 Pamala Court

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

Sanford

FLORIDA 32771

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, Florida Statutes..*



Registered Agent's Signature

**EFFECTIVE DATE**  
06/01/04

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**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

Matthew P. Mason, MGRM

109 Pamala Court

Sanford, FL 32771

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(Use attachment if necessary)

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**ARTICLE V- EFFECTIVE DATE**

The effective date of the limited liability company shall  
**REQUIRED SIGNATURE:** be June 1, 2004.



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.)

Matthew P. Mason

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)