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DIVISION OF CORPURATIONS

TRANSMITTAL LETTER

SUBJECT: Central Florida Consulting Service, L.L.C. (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: Michael G. Harrison (Name of Person) Central Florida Consulting Service, L.L.C. (Firm/Company) 2295 North Tropical Trail (Address) Merritt Island, Florida 32953-4249 (City/State and Zip Code) For further information concerning this matter, please call: Michael G. Harrison at (321) 917-4744 (Area Code & Daytime Telephone Number) WSSEW FOR SANIONS ANALLING ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street P.O. Box 6327		gistration Section vision of Corporations			
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409 E. Gaines Street P.O. Box 6327					
Tallahassee, Florida 32399 Tallahassee, Florida 32314		409 E. Gaines Street Tallahassee, Florida 32399			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Central Florida Consultir	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
ARTICLE II - Address and The mailing address and		principal office of t	he Limited Liabi	ility Company is
Principal Office Add	ress:	<u>Mailing</u>	Address:	
2295 North Tropical Trai	il	2295 No	rth Tropical Trail	
Merritt Island, Florida 32	953-4249	Merritt Is	land, Florida 3295	3-4249
				
ARTICLE III - Regis	stered Agent, Registe	ed Office, & Regis	tered Agent's Si	ignature:
ARTICLE III - Regis The name and the Flor				ignature:
				ignature:
		registered agent ar	re:	
	ida street address of th	registered agent ar	re:	ignature: ≑
	ida street address of the Michael G	registered agent ar Harrison	re:	
	ida street address of the	registered agent ar Harrison e cal Trail	e:	
	ida street address of the Michael G Nai 2295 North Trop	registered agent ar Harrison e cal Trail	e:	
	Michael G Michael G Na 2295 North Trop Florida street address (Merritt Isl	registered agent ar Harrison cal Trail O. Box NOT acceptate nd, FLORIDA 33	e:	
	Michael G Michael G Nat 2295 North Trop Florida street address (registered agent ar Harrison cal Trail O. Box NOT acceptate nd, FLORIDA 33	re:	
The name and the Flor	Michael G Nat 2295 North Trop Florida street address (Merritt Isla	registered agent and Harrison ecal Trail O. Box NOT acceptate and, FLORIDA 32 and Zip	ole) 2953	O4 JUN 17
The name and the Flor ing been named as registere pany at the place designate	Michael G Nat 2295 North Trop Florida street address (Merritt Isla City, State and in this certificate, I had	registered agent ar Harrison e cal Trail O. Box NOT acceptate and, FLORIDA 32 and Zip ervice of process for reby accept the appo	the above stated outstment as regist	limited liability tered agent and
The name and the Flor ing been named as registere pany at the place designate	Michael G Nat 2295 North Trop Florida street address (Merritt Isla City, State and in this certificate, I had	registered agent ar Harrison e cal Trail O. Box NOT acceptate and, FLORIDA 32 and Zip ervice of process for reby accept the appo	the above stated outstment as regist	limited liability tered agent and
The name and the Flor ing been named as registere pany at the place designate to act in this capacity. I fu complete performance of m	Michael G Nai 2295 North Trop Florida street address (Merritt Island City, State and agent and to accept and the accept accep	registered agent ar Harrison e cal Trail O. Box NOT acceptate nd, FLORIDA 32 and Zip ervice of process for reby accept the appoint the provisions of ar with and accept the	the above stated ointment as register fall statutes relations of	limited liability ered agent and ing to the proper

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR"	Michael G. Harrison
	2295 North Tropical Trail
	Merritt Island, Florida 32953-4249
- -	
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(Use attachment if necessary)	
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Marketines a Paris F of S	33 346 66 47 34 4 4
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Mahail & Ho	224
Signature of a member or an a	authorized representative of a member.
	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)
	ael G. Harrison

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)

04 JUN 17 AMI1: 05

Typed or printed name of signee