

## Division of Corporations

Página 1 de 1

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H04000208536 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**LIMITED LIABILITY COMPANY**

**CIRA CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	012
Estimated Charge	\$125.00

Name  
 Availability  
 Document  
 Electronic  
 0 + 00  
 311500  
 30  
 L20  
<https://file.sunbiz.gov>  
 W. P. V.

**Electronic Filing Menu**

## Corporate Filing

## Public Access Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

10/19/2004

19 Oct 2004 11:42

A1A#CORPORATE#SERVICES

3056752811

P.2

10/19/2004 18:04

41865943458

PAGE 02/02

H04 000 208 536 3

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
**CIRA CONSULTING LLC**

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability

**92 SADBERRY ROAD**

**QUINCY, FL 32351**

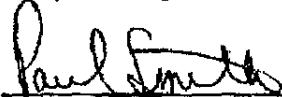
**ARTICLE III REGISTERED AGENT, REGISTERED  
OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent  
**A1A REGISTERED AGENT INC.**

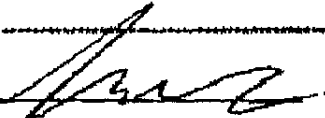
**92 SADBERRY ROAD**

**QUINCY, FL 32351**

Having been named as registered agent to accept service of process for the above stated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

 **Paul Smith V.P.**

Registered Agent's 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.

2004 OCT 19 4 11:16  
TALLAHASSEE  
FLORIDA

H04 000 208 536 3