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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
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J. BRYAN APR 1 2 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: ALTEMA	CONSULTING CO., LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
CLIFF A	LTEMARE		
	()	Name of Person)	
ALTEMA CONSULT	ING CO., LLC	_	
	(Firm/Company)	产品 不
PO BOX 34	63		AHASSI ST
		(Address)	10000000000000000000000000000000000000
CLEA	RWATER BEACH, FL 3370	§7	PRESERVED RATIONS
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
CLIFF ALTEMARE		at (727) 542-4230	
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	r the following amount:		
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A	
	ration Section on of Corporations	Registration : Division of C	
409 E.	Gaines Street	P.O. Box 632	27
Tallaha	issee, Florida 32399	Tallahassee,	Florida 32314

ARTICLE I - Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The name of the Limited Liability Company	is:
ALTEMA CONSULTING CO., LLC	
	67, 1
ARTICLE II - Address:	
the mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
830 SOUTH GULFVIEW BLVD. SUITE 208	PO BOX 3463
CLEARWATER BEACH, FL 33767	CLEARWATER BEACH, FL 33767
	.
ADTICLE III Desistant Agent Desista	red Office, & Registered Agent's Signature:
	reu Office, & Registereu Agent's Signature.
ANTICEE III - Negistered Agent, Negister	
-	ne registered agent are:
The name and the Florida street address of the	ne registered agent are:
-	
The name and the Florida street address of the CLIFF ALTEMARE Na	me
The name and the Florida street address of the CLIFF ALTEMARE Na 830 SOUTH GULFVIEW B	me LVD. SUITE 208
The name and the Florida street address of the CLIFF ALTEMARE Na 830 SOUTH GULFVIEW B	me
The name and the Florida street address of the CLIFF ALTEMARE Na 830 SOUTH GULFVIEW B Florida street CLEARWATER BEACH	me LVD. SUITE 208

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..

(CONTINUED)

Page 1 of 2

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

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

MGMR	CLIFF ALTEMARE
	PO BOX 3463 CLEARWATER BEACH, FL 33767
	The state of the s
-	
(Use attachment if necessary)	

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.)

CLIFF ALTEMARE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)