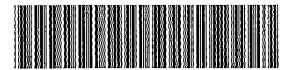
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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	4.5
SUBJEC	CT:	Stovall Consi	ulting, LLC d Liability Gompany)	
			• • • •	92 E
The encl	osed Articles of	Organization and fee(s) are s	abmitted for filing.	
Please re	turn all correspo	ndence concerning this matte	r to the following:	# T
_		Sandra R.	Stovall Name of Person)	SE SE
		Stovall Con	Sulting LLC	
_	17	69 Riverbire	h Hollow (Address)	
_	To	llahassee Fl	Urida 3230 (State and Zip Code)	8
For furth	er information of	oncerning this matter, please	call:	
<u>Sa</u>	ndra S (Name o	tovall (Person)	at (850) 877 (Area Code & Daytime T	-4357
Enclose	d is a check for	the following amount:		
□ \$125.6	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons r Circle

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPASSY
	The same of the
ARTICLE I - Name:	SHARING TO THE STATE OF THE STA
The name of the Limited Liability Company is:	The state of the s
	100 to
Stovall Consulting L	LC BOY
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	-
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1769 Riverbirch Hollow	1769 Riverbirch Hollow
1769 Riverbirch Hollow Tallahassee Florida	Tollohossee Floride
32308	
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or another
business entity with an active Florida registration.)	्र इत् यादिक दिल्ली कर्म
The name and the Florida street address of the re	egistered agent are:
Scode R	Stovall (02/01/06)
Sandra R	
1769 Riverbir	Sh Hallow
Florida street add	ress (P.O. Box NOT acceptable)
_	
Tallahassee City, State, a	nd 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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Sandra R. Stovall 1769 Riverhirch Hollow Tallahassee, Florida 32308
(Use attachment if necessary)	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	te date of filing: Feb. 2006 (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2 C. Storell ber or an authorized representative of a member.

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)