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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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| Division of Co | | | | | |
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| SUBJECT: Meyling | g Hernandez Consulti | ng Services. LLC | | | |
| | (Name of Limite | d Liability Company) | | <u></u> | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing. | | · | |
| Please return all corresp | ondence concerning this matte | er to the following: | | | |
| Meyling He | ernandez | | | | |
| | (| Name of Person) | | | |
| Meyling He | ernandez Consulting | Services. LLC | | | |
| | | (Firm/Company) | Ħ. | 20(S | |
| 18654 SW | / 94 Ave | | 7 | ECRE | |
| | | (Address) | las | TAR -5 | Languages. |
| Miami, Flo | orida 33157 | | SEL | YOR A | |
| | (City | /State and Zip Code) | 7 | STA | - |
| For further information | concerning this matter, please | call: | | 52 EDE | |
| Meyling Hernand | lez | at (305) 775-7856 | 3 | | |
| (Name | of Person) | (Area Code & Daytime Te | lephone Number) | | |
| Enclosed is a check for | or the following amount: | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Stat Certified Copy (additional copy is en | tus & | |
| | 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 Tallahassee, FL 32301 | าร | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| The name of the Limited Liability Company | is: | |
| Meyling Hernandez Consulting Services. LLC | | - |
| (Must end with the words "Limited Liability Company, "Li | imited Company" or their abbreviation | "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the | antinginal office of the Limit | ad Liability Company is: |
| The maning address and street address of the | s principal office of the Limb | |
| Principal Office Address: | Mailing Address: | 2006 JU SECRI |
| 18654 SW 94 Ave | 18654 SW 94 Ave | F |
| Miami, Florida 33157 | Miami, Florida 33157 | -5 T |
| | | EEO B |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the serve as its own Rebusiness entity with an active Florida registration.) | | n individual or another 25 |
| Meyling Hernandez | | |
| Na | me | |
| 18654 SW 94 Ave | | |
| Florida street | address (P.O. Box NOT acceptable | e) |
| Miami, Florida 33157 | FL | |
| City, Sta | te, and Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re | in this certificate, I hereby acc acity. I further agree to comply performance of my duties, an | ept the appointment as v with the provisions of all d I am familiar with and |

(CONTINUED)
Page 1 of 2

Registered Agent/s/Signature (REOMRED)

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------|
| MGR | Meyling Hemandez | |
| | 18654 SW 94 Ave | |
| | Miami, Florida 33157 | . |
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| (Use attachment if necessary) | | 2 |
| CLE V: Effective date, if other than t | he date of filing: (| OPTIONAL) |
| effective date is listed, the date must O days after the date of filing.) | be specific and cannot be more than five bu | |
| | | ı |

Meyling Hernandez

Typed or printed name of signee

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

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)

that the facts stated herein are true.)