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## **COVER LETTER**

• • • •

TO: Registration Section Division of Corporations	6. 2.62 · 1.5
SUBJECT: 10++5 COOLSULTING (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:	
ROBERT B. JUFTS J-8 (Name of Person)	
TUFTS CONSULTING LLC	TASE 77.
(Firm/Company) 148 BISHOPS COVET RD	SEP I
(Address)	SEE O
OSPREY , F/ 34229	D)F ST
(City/State and Zip Code)	ATE LI
For further information concerning this matter, please call:	
Name of Person)  at (94)  (Area Code & Daytime Telepho	784) one Number)
Enclosed is a check for the following amount:  \$\int_{\text{S125.00}} \text{Filing Fee } \text{\text{\text{S130.00}} Filing Fee & \text{\text{\text{Certificate of Status}}} \text{\text{\text{Certified Copy}}}	\$160.00 Filing Fee, rtificate of Status & crtified Copy
	ditional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

 (Must end with the words "Limited Liability Company, "Limited Company" or their abbrevia	tion "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is
Principal Office Address: Mailing Address:	
HS BISHOPSCOVET PD 148 BISHOP OSPREY IF L 34229	Scovet RD
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must designa business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:  Name  148 By Source Pr  Florida street address (P.O. Box NOT acception of the property o	A FOR SIM
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby to registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided Registered Agent's Signature (REQUIRED)	accept the appointment as nply with the provisions of a and I am familiar with and

(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:

TUFTS IN COURT FD 34229
<u> </u>
2005 SEC
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EFY 9 F
STATE L
<b>→</b> —
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**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Stantes, the execution of this document constitutes an affirmation under the genalties of perjury that the facts stated herein are true.)

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)