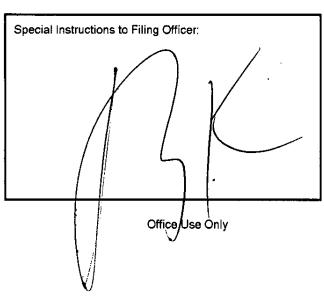
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## LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

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	•	<u></u>	Office Use Only
C	ORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if	Office Use Only known):
ے 1.		ONSULTING LI	1C SERCE PARTY
	(Corporation Name)	(Document #)	7.5 2
2.	, , , , , , , , , , , , , , , , , , ,	Marie Care	PART 6
۷.	(Corporation Name)	(Document #)	P 9
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	(Corporation Name)	(Document #)	
	Walk in Pick up time	2.66	Certified Copy
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	NEW FILINGS	<u>AMENDMENTS</u>	•
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ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ALCO NO.
The DFHE Group Consu	Uting IIC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8/8/ Miami Lakes drive Suite 270 Miami Lakes Florida 33016	8181 Miami Lakes drive Sutte 270 Miami Florida 33016
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Derrick Eaglin Name	· · · · · · · · · · · · · · · · · · ·
8181 Miami Lakes Florida street add	drive Suite 270 dress (P.O. Box <u>NOT</u> acceptable)
Miami Lalles City, State, a	FL 33016 and 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

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
Manage	<u>C</u>	Derrick Faglin 8181 Migmi Pakes drive Su Migmi Lakes Flanda 3301	
	<del></del>		<del>-</del>
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(Use attachmen	nt if necessary)	. •	<del></del>
LE V: Effective frective date is days after the	ve date, if other than th	e date of filing: (OPT) be specific and cannot be more than five busines	ONA s day
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE:	e date of filing: (OPT)	ONA s day
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must date of filing.)  SIGNATURE:  Signature of a member o	be specific and cannot be more than five business  ber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	ONA s day

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)