## L06000123114

| (Requestor's Name)                       |
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| (Address)                                |
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| (Address)                                |
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| (City/State/Zip/Phone #)                 |
| PICK-UP WAIT MAIL                        |
| (Business Entity Name)                   |
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| (Document Number)                        |
| <u> </u>                                 |
| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
| Special distributions to Fining Officer. |
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Office Use Only



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12/28/06 -01/044--004 \*\*150.00

Ademola Adeyeni 339 Fairfield Drive Sanford, FL 32771 407-580-4951 TALL HEST STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The name of the Limited Liability Company is:                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |  |
| Consumersneverlie                                                                                                                                                                                                                                                                                                                   | LLC                                                                                                                                                                                                                                                             |  |
| (Must end with the words "Limited Liability Company, "Limited                                                                                                                                                                                                                                                                       | Company or their abbreviation "LLC," or "L.C.,")                                                                                                                                                                                                                |  |
| ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.                                                                                                                                                                                                    | ncipal office of the Limited Liability Company is:                                                                                                                                                                                                              |  |
| Principal Office Address:                                                                                                                                                                                                                                                                                                           | Mailing Address:                                                                                                                                                                                                                                                |  |
| 149 Colomba Rd<br>Debany FL 32713                                                                                                                                                                                                                                                                                                   | 149 Colomba Road<br>Debany FL 32713                                                                                                                                                                                                                             |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are: |                                                                                                                                                                                                                                                                 |  |
| _Ademola Adeye                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |  |
| 339 Fairfield 1 Florida street addr                                                                                                                                                                                                                                                                                                 | Orive 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                                                                                                                                                                                                     |  |
| Sanford City, State, and                                                                                                                                                                                                                                                                                                            | FL 32771<br>d Zip                                                                                                                                                                                                                                               |  |
| liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per                                                                                                                                                                               | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S |  |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <ul> <li>ARTICLE IV- Manager(s) or Manager</li> <li>The name and address of each Manager</li> </ul>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                                                                                                                                        | Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Aclemola-Adeyeni                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| MGRM                                                                                                                                                                                                          | Aclemola Acleyeni<br>339 Fairfield Drive<br>Sanford FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| MGRM                                                                                                                                                                                                          | Nii Okunor<br>822 Spring Cavern Ave<br>Orange Rety FL 32763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| MGRM                                                                                                                                                                                                          | Arturo Rodriquez<br>149 Colomba Road<br>Debany FL 32713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (Use attachment if necessary)                                                                                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ARTICLE V: Effective date, if other than the date of filing: Jan 1 <sup>st</sup> 250.7 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| to or 90 days after the date of filing.)  REQUIRED SIGNATURE:                                                                                                                                                 | LUCAI DE LA SIGNE LA |  |
| Signature of a member o                                                                                                                                                                                       | van authorized representative of a member.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Typod or winted name of signed                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

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)