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DIVISION OF CORPORATIONS

COVER LETTER

Division of Co			
SUBJECT: Timoth	y M. Madden Consult	ing, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Timothy Ma	artin Madden		
4		Name of Person)	
		Finn/Company)	
0000 0		Finite Company)	,
3322 Sout	th Shamrock Road	(Address)	
		(Addiess)	
Tampa, Fl			
	(City	/State and Zip Code)	,
For further information	concerning this matter, please	call:	
Timothy M. Mado	den	at (813) 831-977	0
(Name of Person)		(Area Code & Daytime T	elephone 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 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 Tallahassee, FL 32301	ns .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the	- Address:	npany, "Limited Company" or their abbreviation "LLC," or "L	.,
Principal Offi		ss of the principal office of the Limited Liability Mailing Address:	Company is:
3322 South Shan	rock Road	3322 South Shamrock Road	
Tampa, FL 33629		Tampa, FL 33629	
2-10 1-1111	Barbara A. Madde	Name	GRETARY OF STATION OF CORPUSA. JAN -5 PM 3:
		ida street address (P.O. Box NOT acceptable)	39 39
	Tampa,	FL 33629 City, State, and Zip	
liability co registered age statutes rela	named as registered ag mpany at the place desi nt and agree to act in t ting to the proper and g	ent and to accept service of process for the above ignated in this certificate, I hereby accept the apphis capacity. I further agree to comply with the promplete performance of my duties, and I am familian as registered agent as provided for in Chapte	ointment as rovisions of all iliar 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Timothy Martin Madden 3322 South Sharrock Road Tampa, FL 33629
NET make de de de faire de la companya de la compan	
	e date of filing: January 1, 2007 (OPTIONAL) be specific and cannot be more than five business days pr

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Timothy Martin Madden

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)