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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MAF Consulting, LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **MAF Consulting, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **2921 Wiley Street, Hollywood, FL 33020.**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102**

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**

**ARTICLE IV – Management (Check box if applicable.) [ ]**

The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The Initial Manager(s) of the Limited Liability Company shall be:

**Michael A. Foster**

  
**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 that the facts stated herein are true.)

**Michael A. Foster**  
**Typed or printed name of signer**

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