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COVER LETTER

TO: Régistration Se Division of Co			
_{SUBJECT:} Statha	ım Consulting		
		3 Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	abmitted for filling.	
Please return all corresp	oondence concerning this matter	r to the following:	
Rodney S	Statham		
	1)	Name of Person)	
	t.	Firm/Company)	
<u>1953 Fre</u>	eport Drive		
		(Address)	
Riviera B	Beach, FL 33404-	-6463 (State and Zip Code)	
	(City)	state and Zip Code)	
For further information	concerning this matter, please	call:	
Rodney Statha	ım	at (561) 628-750	00
(Name	of Person)	(Area Code & Daytime 1)	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	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ne principal office of the Limited Liabili	ity Company is
Mailing Address:	
1953 Freeport Drive	
Riviera Beach, FL 33404-6463	
	DIVISION OF
	6.
	~~~
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lame	PM 3:
	PM 3: 27
	1953 Freeport Drive

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma		Name and Address:
"MGRM" = N	Managing Member	
MGRM		Rodney Statham
		1953 Freeport Drive
		Riviera Beach, FL 33404-6463
711		
(Use attachm	ent if necessary)	
CLE V: Effect	ive date, if other than the	e date of filing: (OPTIONAL
CLE V: Effect effective date is	ive date, if other than the slisted, the date must I	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effect effective date is	ive date, if other than the	
CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.)	
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CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.)	
CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.)  SIGNATURE:	pe specific and cannot be more than five business days
CLE V: Effect effective date is 0 days after th	ive date, if other than the s listed, the date must be date of filing.)  SIGNATURE:  Signature of a memb	or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury

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)