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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Bellwethe			
	(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:	
Bethany			
	(1	Name of Person)	
Bellwether Consultin			
	(Firm/Company)	
14240 North	42nd St, #3704		
		(Address)	
Tamp	a, FL 33613		
	(City)	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Bethany Bell		at (813) 843-7868	
	of Person)	at (813) 843-7868 (Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r 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)

STREET ADDRESS:

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Bellwether Consulting, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
14240 North 42nd St, #3704	14240 North 42nd St, #3704	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r Bethany Bell		Signature:
Name		
14240 North 42nd St, #3704		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Tampa, FL 33613 City, State, a	FL and Zip	
Having been named as registered agent and to a 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 accept the obligations of my position as registered Agent's	his certificate, I hereby accept the	e appointment as the provisions of all familiar 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	Name and Address:
"MGRM" = Managing Member	
MGR	Bethany Bell
	14240 North 42nd St, #3704
	Tampa, FL 33613
	
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	1 1
XXXXX	<i>! X</i>
Signature of a member of	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.)

Bethany A. Bell

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)