

**H07000056564**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Apelles Consulting LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
APELLES CONSULTING LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

7574 OLD THYME CT  
PARKLAND FL 33076-3901

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

GARY LEE THOMAS  
7574 OLD THYME CT  
PARKLAND FL 33076-3901

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Having been named as registered agent 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..

x Gary Lee Thomas

GARY LEE THOMAS/ Registered Agent's signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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APELLES CONSULTING LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

GARY LEE THOMAS

7574 OLD THYME CT

PARKLAND FL 33076-3901

\*\*\*\*\*

x Gary Lee Thomas

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.

GARY LEE THOMAS

Typed or printed name of signee

SECRETARY OF STATE  
ALABAMA  
TALLAHASSEE, FLORIDA

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