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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	··
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Office Use Only



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COVER LETTER

то:	Registration Se Division of Co			
SUBJI	ECT: BPE G	obal Consulting LLC (Name of Limited	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Kristi Valae	er		
		(Name of Person)	·
	BPE Globa	I Consulting LLC		1,0
			Firm/Company)	7
	5608 Bran	npton Falls Lane		7 JUL 1
			(Address)	- P
	Jacksonvi	lle, FL 32258	,	11 PH 2: 23
		(City	/State and Zip Code)	27
For fur	ther information	concerning this matter, please	call:	~
Kristi	Valaer	of Person)	at (904) 234-732 (Area Code & Daytime T	
	(Tulifo	017 (13011)	(rited code & Daytime 1	otophone (vanioer)
Enclos	sed is a check fo	or the following amount:		
\$125	5.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BPE Global Consultir			<u> </u>
(Must end with the words "I	Limited Liability Company,	"Limited Company" or their abbreviation "LI	.C," or "L.C.,")
ARTICLE II - Addı	·ess:		
The mailing address	and street address of t	the principal office of the Limited	Liability Company is:
D : : 1000 A 1	,	36 W A L L	a sec
Principal Office Add	<u>aress:</u>	Mailing Address:	
5608 Brampton Falls Land	9	5608 Brampton Falls Lane	一 完
Jacksonville, FL 32258		Jacksonville, FL 32258	P 089
			
(The Limited Liability Com	pany cannot serve as its own	tered Office, & Registered Agen Registered Agent. You must designate an inc	
(The Limited Liability Combusiness entity with an action). The name and the Flo	pany cannot serve as its own ve Florida registration.)		t's Signature: 😕 🗧
(The Limited Liability Combusiness entity with an action). The name and the Flo	pany cannot serve as its own ve Florida registration.) orida street address of risti Valaer	Registered Agent. You must designate an inc	t's Signature: 🔑 🗧
(The Limited Liability Combusiness entity with an action) The name and the Floor	pany cannot serve as its own ve Florida registration.) orida street address of risti Valaer	Registered Agent. You must designate an inc	t's Signature: 😕 🗧
(The Limited Liability Combusiness entity with an action) The name and the Floor	pany cannot serve as its own ve Florida registration.) orida street address of risti Valaer 608 Brampton Falls I	Registered Agent. You must designate an inc	t's Signature: 🔑 🗧
(The Limited Liability Combusiness entity with an action). The name and the Floor	pany cannot serve as its own ve Florida registration.) orida street address of risti Valaer 608 Brampton Falls I	the registered agent are: Name	t's Signature: 2
(The Limited Liability Combusiness entity with an action). The name and the Floor	pany cannot serve as its own ve Florida registration.) orida street address of risti Valaer 608 Brampton Falls I Florida streacksonville, FL 32258	Registered Agent. You must designate an incentification of the registered agent are: Name Lane eet address (P.O. Box NOT acceptable)	et's Signature:

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kristi Valaer
	5608 Brampton Falls Lane
	Jacksonville, FL 32258
(Use attachment if necessary)	Ţ.
CLE V: Effective date, if other than the	date of filing: July 1, 2007 . (OPTIONAL e specific and cannot be more than five business days
· · · · · · · · · · · · · · · · · · ·	
•	/
O days after the date of filing.) REQUIRED SIGNATURE:	usti B. Valar
days after the date of filing.) REQUIRED SIGNATURE:	udi B. Walauer or an authorized representative of a member.

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)

Kristi Valaer

Typed or printed name of signee