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(Requestor's Name)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BROAD Consulting and Management LLC, (Name of Limited Viability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Michael J. BROAD (Name of Person)			
BROAD Consulting of management LLC			
15840 Boeing Court			
Wellington FloriDA 33414 AFT SEP 2			
For further information concerning this matter, please call: Mychael Broad at 954 415 - 5360			
Mrchael Broad at (954) 415 - 5360 5.7 7 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee &			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROAD Consulting a m. (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15840 Boeing CourT Wellington OF1 33414	15840 Boeing Covet Wellington Fell 33414
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Michael J Name	BROAD AHASSI
15840 Boeing Florida street auch Wellington Chy. State, au	ress (P.O. Box NOT acceptable) FL 334/4 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 service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agents Signatu	ure (REOUIRED)

(CONTINUED)
Page 1 of 2

Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 J BROAD Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)