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COVER LETTER

TO: Registration S Division of Co.			
SUBJECT. MPL (Consulting, LLC	C	
SUBJECT:	 	ited Liability Company)	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspondent	ondence concerning this mat	atter to the following:	
Michael F	P. Ladd		
		(Name of Person)	
c/o R. Ja	mes Ladd		
		(Firm/Company)	
9531 SE	Wedgewood		
		(Address)	
Stuart, F	lorida 34997		
	(Ci	ity/State and Zip Code)	
For further information of	concerning this matter, pleas	se call:	
R. James La	dd	at (772) 485-9500 (Area Code & Daytime Telephone Number)	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	JE I	- Na	me:
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The name of the Limited Liability Company is:

MPL Consulting, LLC	
(Must end with the words "Limited Liability Company "L. L. C." or "L.L.C.")	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
9531 SE Wedgewood	9531 SE Wedgewood		
Stuart, Floirda 34997	Stuart, Florida 34997		
	gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:		
R. James La	dd	SS. o	
	Name	PHIZ:	<i>,</i>
<u>9531 SE We</u>	edgewood		
Florida	street address (P.O. Box NOT acceptable)	高計 の	
Stuart, Floric	la 34997	~	

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)

City, State, and Zip

(CONTINUED)
Page 1 of 2

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

¿ 7.

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing	Member
MGRM	Michael P. Ladd
	9531 SE Wedgewood
	Stuart, Florida 34997
	
(Use attachment if nec	essary)
ARTICLE V: Effective date, i	f other than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days prior
to or 90 days after the date of	
vo or you anyo wreer the take or	······g.y
REQUIRED SIGNA	TURE:
	And a second sec
	The act is
Signa	ture of a member or an authorized representative of a member.
(In ac	cordance with section 608.408(3), Florida Statutes, the execution
or tha	s document constitutes an affirmation under the penalties of perjury
<u></u>	the facts stated herein are true.) James Ladd
<u> </u>	Typed or printed name of signee
Filing Foos	

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)