

109 0000 25843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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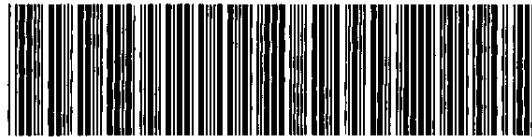
(Business Entity Name)

(Document Number)

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09 MAR 16 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAR 17 2009

EXAMINER

HOFFINGER STERN & ROSS, LLP

**150 EAST 58TH STREET
NEW YORK, NEW YORK 10155**

JACK S. HOFFINGER
STEPHEN R. STERN, P.C.
PHILIP S. ROSS
FRAN HOFFINGER
SUSAN HOFFINGER

(212) 421-4000
TELECOPIER: (212) 223-3857
TELECOPIER: (212) 750-1259

MICHAEL J. SHERMAN
MARK W. GEISLER

March 2, 2009

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

Subject: Trust ME Business Consulting, LLC

The enclosed Articles of Organization and fee are submitted for filing:

Please return all correspondence concerning this matter to the following:

Stephen R. Stern, Esq.
Hoffinger Stern & Ross, LLP
150 East 58th Street
19th Floor
New York, New York 10155

For further information concerning this matter, please call:

Stephen R. Stern, Esq. at 212-421-4000

Enclosed is a check in the amount of \$125.00 for the Filing Fee.

Sincerely,



Stephen R. Stern

SRS:ll

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUST ME BUSINESS CONSULTING, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

10151 UNIVERSITY DRIVE
SUITE 311
ORLANDO, FL 32817

Mailing Address:

10151 UNIVERSITY DRIVE
SUITE 311
ORLANDO, FL 32817

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JEFFREY A. MCCABE

Name

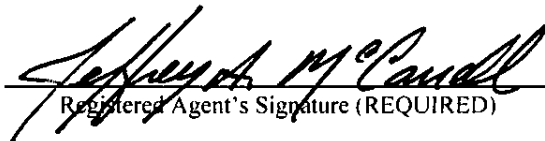
10151 UNIVERSITY DR SUITE 311

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32817

City, State, and Zip

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)

(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:

MGR

JEFFREY A. MCCARRELL
10151 UNIVERSITY DR SUITE 311
ORLANDO, FL 32817

(Use attachment if necessary)

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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.)

JEFFREY A. MCCARRELL

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)