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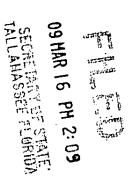
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	FCT. AHB Accounting and B	ookkeeping Services
SUBJ	EC.:	nited Liability Company)
The en	nclosed Articles of Organization and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	Marceline Jadotte-Mondelu	IS
		(Name of Person)
	AHB Accounting and Book	keeping Services
		(Firm/Company)
	400 NW 65th Ave #130	
		(Address)
	Margate, FL 33063	•
	((City/State and Zip Code)
For fur	ther information concerning this matter, plea	ase call:
Mar	cy Jadotte	at (786) 368-1946
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
✓ \$125.	.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	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 Corporation 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
AHB Accounting and Bookkeeping Services, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

400 NW 65th Ave #130	400 NW 65th Ave #130	
Margate, FL 33063	Margate, FL 33063	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	
The name and the Florida street address of the reference	Tess (P.O. Box NOT acceptable) FL 33023	Section 1

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)

ria

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

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

"MGR" = Manager "MGRM" = Managing N	Name and Address: Member
MGR	Marcy J Mondelus
	400 NW 65th Ave #130
	Margate, FL 33063
MGRM	Roosevelt Mondelus
	400 NW 65th Ave # 130
	Margate, FL 33063

(Lica attachment if necess	200ml)
(Use attachment if necess	
CLE V: Effective date, if o	other than the date of filing: (OPTIONAL)
CLE V: Effective date, if of effective date is listed, the 90 days after the date of fil	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days pling.)
CLE V: Effective date, if of effective date is listed, the	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days p ling.)
CLE V: Effective date, if of effective date is listed, the 90 days after the date of fil	other than the date of filing: date must be specific and cannot be more than five business days pling.) URE:
CLE V: Effective date, if of effective date is listed, the 90 days after the date of fil REQUIRED SIGNATU	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days p ling.)
CLE V: Effective date, if of effective date is listed, the 90 days after the date of fil REQUIRED SIGNATU Signatu (In accoof this d	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days p ling.) URE:

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)