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(Address)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ECT:	Mediation	& AD	R Consulting	, LLC
		Name of Limit	ed Liabi	lity Company	
The en	closed Articles of	Organization and fee(s) are	submitte	ed for filing.	
Please	return all correspon	ndence concerning this mat	ter to the	e following:	
		Be		V. Barnes	
			Name o	f Person	
		Mediation		R Consulting, LL	<u>C</u>
			Firm/C	ompany	
		Duty Free Americas			. Suite 211
			Ado	lress	
		Holl	ywood	, FL 33024	
			•	nd Zip Code	•
-		E-mail address: (to be used	iebarn for future	es@aol.com	tion)
For fur	ther information co	oncerning this matter, pleas	e call:		
	Bennie Name of	Barnes	_ at (915-2091 re Telephone Number
	Name of	reison		Area Code & Dayin	e receptone rumber
Enclos	sed is a check for	the following amount:			
[]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	└ Ce	55.00 Filing Fee & rtified Copy ditional copy is enclose	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Co	nations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	CORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Mediation & ADR Co	onsulting, LLC
(Must end with the words "Limited Liabil	lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Duty Free Americas	Duty Free Americas
6100 Hollywood Byld. Suite 211	6100 Hollywood Byld, Suite 211
Hollywood, FL 33024	Hollywood, FL 33024
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	tered Agent. You must designate an individual or another
Bennie W.	Barnes
Name	
6100 Hollywood B	svld. Suite 211
Florida street address (P.O.	
Hollywood, FL 33024	FL
City, State, an	nd Zip
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 v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FILED

09 JUL 16 EM II: 31

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TALLAHASSEE FLORIDA

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:

	nagar	Name and Address:
"MGR" = Man "MGRM" = M	lanaging Member	
MGR		Bennie W. Barnes
,		6100 Hollywood Blvd. Suite 211
		Hollywood, FL 33024
		•
		· · · · · · · · · · · · · · · · · · ·
		
		
(Use attachmen	nt if necessary)	
•	• /	(OPTIONA)
LE V: Effectiv	ve date, if other than the	date of filing: (OPTIONA
LE V: Effective date is l	ve date, if other than the listed, the date must be	date of filing: (OPTIONAl specific and cannot be more than five business days
LE V: Effectiv	ve date, if other than the listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business days
LE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be	date of filing: (OPTIONAl especific and cannot be more than five business days
LE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.)	date of filing: (OPTIONAle specific and cannot be more than five business days
LE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five business days
LE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member	r or an authorized representative of a member.
LE V: Effective factive date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.
LE V: Effective date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
LE V: Effective date is leading to the days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitution of the date of t	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
LE V: Effective date is leading to the days after the	Ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated here.	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

SECRETARY OF STATE