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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

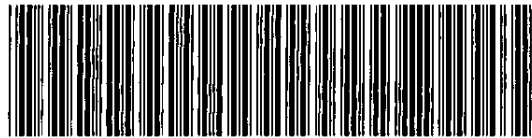
(Document Number)

Certified Copies _____

Certificates of Status _____

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09 AUG 11 PM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. ~~State~~ AUG 12 2009

consumerfirsttm

5602 Marquesas Circle, Suite 214
Sarasota, FL 34233
941.388.7883 office
941.388.7885 fax

August 11, 2009

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

RE: Consumer First, LLC – Articles of Organization

Dear Sir or Madam:

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the undersigned at the address above. For further information concerning this matter, please call the undersigned at (941) 388-7884.

Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status. Please return the Certificate of Status to the undersigned at the address above. Your assistance is appreciated.

Sincerely,



Anthony N. Leo

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: Consumer First, LLC

ARTICLE II - Address:

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

Principal Office Address:

5602 Marquesas Circle, #214
Sarasota, FL 34233

Mailing Address:

5602 Marquesas Circle, #214
Sarasota, FL 34233

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

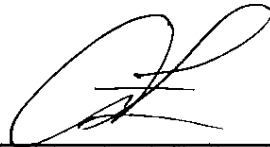
The name and the Florida street address of the registered agent are:

Anthony N. Leo
Name

5602 Marquesas Circle, #214
Florida street address

Sarasota, FL 34233
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)

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:

MGRM

Anthony N. Leo
7606 Peninsular Drive
Sarasota, FL 34231

ARTICLE V: Effective date, if other than the date of filing:

Not applicable. Effective upon filing.

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.)

Anthony N. Leo

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)

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