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SEGMETARY OF STATE DIVISION OF CORPORATIONS

09 OCT -7 AM II: 29

T. HAMPTON

OCT - 8 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: TD CONSULTING LLC.
SUDJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
_	Timothy Delong
	TA CONSULTING 11C.
_	TD CONSULTING LLC. Firm/Company
-	707 PRESIDENTIAL DRIVE Address
	Address
-	BOYKTON BEACH FEORIDA 33435 City/State and Zip Code
	City/state and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Timothy Delong at (561) 704 - 0104 Name of Person at (561) Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
(\$ 125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
	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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TD CONSULTING LLC	·
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
TD CONSULTING LLC. TOT PRESIDENTIAL DRIVE BOYNTON BEACH, FLORIDA 33435	TD CONSULTING LLC. 707 PRESIDENTIAL DRIVE BOYNTON BEACH, FLORIDA 33435
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Timothy Del	'ong
707 PRESIDENTIAL Florida street address (P.O.	
Boynton BEACH City, State, an	FL 33435 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	iccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signature	ire (REQUIRED) OP OCT

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Timothy Delong TOT PRESIDENTIAL DAIVE BoyNton Roach Florida 33435
(Use attachment if necessary)	
	be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	- Dehar
Signature of a mem	ber or an authorized representative of a member.
(In accordance with s of this document corthat the facts stated h	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury herein are true.)
Timot	Typed or printed name of signee
Filing Fees:	Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)