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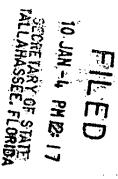
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D. BRUCE

JAN - 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Corporations	•		
		onsulting, LLC	·
14mile of Pilling	ed Liability Company		
of Organization and fee(s) are	submitted for filing.		
spondence concerning this matt	er to the following:		
Ka	rl E. Kloin CDA		
Ndi	Name of Person	<u> </u>	-
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135 W. V			
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n concerning this matter, please	call:	o'	X
arv Funke		202-8070 ·	
	Area Code & Dayti	me Telephone Number	
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for the following amount:	· .		
\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Certified Co	of Status &
	Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	on orations Center Circle	
	M. Funke Office Name of Limits of Organization and fee(s) are a spondence concerning this matter. Millwa City E-mail address: (to be used for a concerning this matter, please ary Funke e of Person for the following amount: \$\int \text{3130.00 Filing Fee & Certificate of Status}\$ Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	M. Funke Office Management & Constant Name of Limited Liability Company of Organization and fee(s) are submitted for filing. spondence concerning this matter to the following: Karl E. Klein CPA Name of Person KKCPA, SC Firm/Company 135 W. Wells Street Ste: 318 Address Milwaukee, WI 53203 City/State and Zip Code kk@kkcpa.info B-mail address: (to be used for future annual report notificate of Person at Concerning this matter, please call: ary Funke of Person for the following amount: \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier A Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	M. Funke Office Management & Consulting, LLC Name of Limited Liability Company of Organization and fee(s) are submitted for filing. spondence concerning this matter to the following: Karl E. Klein CPA Name of Person KKCPA, SC Firm/Company 135 W. Wells Street Ste: 318 Address Milwaukee, WI 53203 City/State and Zip Code kk@kkcpa.info E-mail address (to be used for future annual report notification) a concerning this matter, please call: ary Funke at 414 202-6070 Area Code & Daytime Telephone Number for the following amount: [] \$130.00 Filing Fee & [\$155.00 Piling Fee & S160.00 Filing Fee & Certificate of Status [] Certified Copy (additional copy is enclosed) Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must en	te Office Managemed with the words "Limited Liabi	lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Addre	ess:	
The mailing address at	nd street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
305 Park Shore Driv	e #244	305 Park Shore Drive #244
Naples, FL 34103		Naples, FL-34103:
(The Limited Liability Compa	ny cannot serve as its own Regis	l Office, & Registered Agent's Signature:
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the	registered agent are:
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the Mary E.	registered agent are:
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the	registered agent are:
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the Mary E.	registered agent are:
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regise Florida registration.) ida street address of the Mary E. Name	registered agent are: Funke e Drive #244
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the Mary E. Name 305 Park Shore	registered agent are: Funke e Drive #244

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	
MGRM	Mary E. Funke 305 Park Shore Drive #244 Naples, FL 34103	
	SECRETAR TALLAHASS	-
	PH STATE	FC
(Use attachment if necessions) ICLE V: Effective date, it a 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 prior	
90 days after the date of t	ling.)	
(In ac of thi	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury e facts stated herein are true.)	
Filing Fees:	Mary E. Funke Typed or printed name of signee	
	rticles of Organization and Designation	

(IRS USE ONLY) 575G 12-23-2009 MFUN O 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-23-2009

414) 202-6070 9 W 5 M EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4

NOBOD

EMPLOYER IDENTIFICATION NUMBER: 27-1534530 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 M FUNKE OFFICE MANAGEMENT & CONSULTING LLC MARY E FUNKE SOLE MBR 305 PARK SHORE DR APT 244 NAPLES, FL 34103