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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: CAS EI OW CONSULTING LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	eturn all correspondence concerning this matter to the following:
	CARL A. CASEILOW Name of Person
	Name of Person CAS tibw Consulting LCC Firm/Company
-	Firm/Company
	929 W LK DAMON DA Address
-	Avoni PARK, FL 33825
_	Avons PARK, FL 33825 City/State and Zip Code CASE! Cast low com / CASEYCIA STRATO. New Manual report nonflication)
For furt	her information concerning this matter, please call:
CA	Name of Person at (863) 801 4014 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
⊐\$ 125.0	Of Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Commons in	
The name of the Limited Liability Company is:	•
Castilow C	onsulting LCC
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
929 W LK SAMON 12	929 W LK DAMON OR
AUUN PARIL, FL 33825	AVON PARK, FL 33825
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regi	stered agent are:
Claude & BONING -	
809 US 27.	ſ
Florida street address	s (P.O. Box NOT acceptable)
Selang F City, State,	ı. 33870
City, State,	and Zip
Having been named as registered agent and to accominately company at the place designated in this registered agent and agree to act in this capacity. It statutes relating to the proper and complete performance the obligations of my position as register.	certificate, I hereby accept the appointment as further agree to comply with the provisions of all rmance of my duties, and I am familiar with and
Paule D. Bounge Registered Agent's Signature	SECRETARY TALLAHASSI
(CONTINU	
Page 1 of	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	_
"MGRM" = Managing Member	
·-	
MGRM	CARC A. CASTITOW
	929 W LK DAMON AL AVON PARIC EL 33825
	THOR PARK PL 3(81)
(Use attachment if necessary) CLE V: Effective date, if other that	an the date of filing: (OPTIONAL)
CLE V: Effective date, if other that offective date is listed, the date medians after the date of filing.)	an the date of filing: (OPTIONAl nust be specific and cannot be more than five business days
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CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a new date.	nust be specific and cannot be more than five business days member or an authorized representative of a member.
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