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SECRETARY OF STATE

S. HAWKES

APR 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			·
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SUBJECT: Carreau		11.1.124	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	ter to the following:	
Ann Carreau			
		Name of Person	
Carreau Cons	sulting, LLC		
		Firm/Company	
8048 Kiawah	Trace		
-1	····· · · · · · · · · · · · · · · · ·	Address	
Port Saint Luc	cie, FL 34986	/Ctt	
		y/State and Zip Code	
anncarreau@		for future annual report notification)	
For further information	concerning this matter, please	·	
	-		
Ann Carreau		at (772) 460-8234	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY NAME TO PARIS. 19 ARTICLE I - Name: The name of the Limited Liability Company is: Carreau Consulting, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address: Principal Office Address:** 8048 Kiawah Trace 8048 Kiawah Trace Port Saint Lucie, FL 34986 Port Saint Lucie, FL 34986 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Ann Carreau Name

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..

City, State, and Zip

Florida street address (P.O. Box \underline{NOT} acceptable) sie, FL 34986

Registered Agent's Signature (REQUIRED)

8048 Kiawah Trace

Port Saint Lucie,

(CONTINUED)
Page 1 of 2

Title:		Name and Address:	700
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"MGRM" = Mana		7.	327
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		Port Saint Lucie, FL 34986	3
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)