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, (Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration : Division of C			
SUBJ	ECT: Winfie	ld Consulting Group		
	1 117 117 1	Name of Limit	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this matt	ter to the following:	
	Mark W. Si	ler		
			Name of Person	
	Weiss Berz	owski Brady LLP		
			Firm/Company	
	700 North V	Vater Street, Suite 15		·
			Address	
	Milwaukee,			
	,		y/State and Zip Code	
	mws@wbb-	law.com	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Mark	W. Siler		at (414) 276-5800	
•	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check f	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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
The name o	f the Limited Liability Company is:
Winfield	Consulting Group 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:

rimeipai Office Address:	waning Address:
5104 Sapphire Drive	5104 Sapphire Drive
Marietta, GA 30068	Marietta, GA 30068

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:

Business Filings Incorporated Name

1203 Governor's Square Blvd., Suite 101 Florida street address (P.O. Box NOT acceptable)

FL 32301-2960 Tallahassee 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)

(CONTINUED) Page 1 of 2

(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	Title: "MGR" = Manager "MGRM" = Manag	·	Name and Address:	
ICLE V: Effective date, if other than the date of filing: (OPTIONAL) 1 effective date is listed, the date must be specific and cannot be more than five business days prior	·			- .
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REQUIRED SIGNATURE:	ICLE V: Effective dat effective date is listed 90 days after the date	e, if other than the date I, the date must be spe of filing.)	of filing: (OPT ecific and cannot be more than five business	ss days prior سير سيد
REQUIRED SIGNATURE:	ICLE V: Effective data effective date is listed 90 days after the date	e, if other than the date I, the date must be spe of filing.)	of filing: (OPT ecific and cannot be more than five business	ss days prior سير سيد
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	ICLE V: Effective data effective data effective date is listed 90 days after the date REQUIRED SIGN	e, if other than the date I, the date must be spe of filing.)	ecific and cannot be more than five busines	ss days prior سير سيد
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.)	ICLE V: Effective data a effective data a effective date is listed 90 days after the date REQUIRED SIGN Sign (1	e, if other than the date I, the date must be spe of filing.) IATURE: gnature of a member or an accordance with section of this document constitutes	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	SECONE LARY OF ST

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)