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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 19 2010

EXAMINER

COVER LETTER

SUBJECT: National Financial Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Dugan
Name of Person

Firm/Company

10312 SW 23rd Avenue
Address

Gainesville, FL 32607
City/State and Zip Code

mdugan100@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Dugan at (352) 359-1194
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[✓] $125.00 Filing Fee [✓] $130.00 Filing Fee & Certificate of Status [ ] $155.00 Filing Fee & 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 of the Limited Liability Company is:

National Financial 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:

Principal Office Address:	**Mailing Address:**
10312 SW 23rd Ave	10312 SW 23rd Avenue
Gainesville, FL 32607	Gainesville, FL 32607

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:

Michael Dugan
<div align="center">Name</div>

10312 SW 23rd Avenue

Florida street address (P.O. Box **NOT** acceptable)

Gainesville   FL 32607
<div align="center">City, State, and Zip</div>

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)

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 _____   Michael Dugan _____

                                              10312 SW 23rd Avenue _____

                                              Gainesville, FL 32607 _____

_____   _____

                                              _____

                                              _____

_____   _____

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_____   _____

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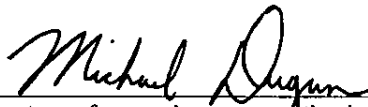
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)**

REQUIRED SIGNATURE:

_____
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.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Dugan
_____
Typed or printed name of signee

Filing Fees:

**$125.00 Filing Fee for Articles of Organization and Designation
        of Registered Agent**
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)