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### Florida Department of State

Division of Corporations
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Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

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#### FLORIDA LIMITED LIABILITY CO.

Bernard Institute Consulting, LLC

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

BERNARD INSTITUTE CONSULTING, LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

16349 ASHINGTON PARK DR TAMPA, FLORIDA 33547

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

B. LEE GREEN 16349 ASHINGTON PARK DR TAMPA, FLORIDA 33547

Having been named as registered agent 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.

B. LEE GREEN Registered Agent's signature

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BERNARD INSTITUTE CONSULTING, LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER

B. LEE GREEN

16349 ASHINGTON PARK DR

TAMPA, FLORIDA 33547

MANAGING MEMBER
SHEILA D. GREEN
16349 ASHINGTON PARK DR
TAMPA, FLORIDA 33547

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SLUKLINGY OF STATE
TAIL AHASSEE, FLORID

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.

PRINTED NAME OF SIGNEE