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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

TO:

Division of Co	orporations		
_{SUBJECT:} Prefe	rred Marketing Co	onsultants l	LLC
		ed Liability Compa	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing	į.
Please return all corresp	ondence concerning this matt	er to the following	:
John M.	French		
		Name of Person	
Preferred	Marketing Cons	ultants LLC	;
-		Firm/Company	
15198 Su	igargrove Way		
		Address	
Orlando FL	32828		
		y/State and Zip Code	
preferredmi	ktg@yahoo.com		
	E-mail address: (to be used f	or future annual repo	rt notification)
For further information	concerning this matter, please	call:	
John M. French		at (407	883-3462
Name	of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

Preferred Marketing Consultants 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:
Same

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:

John M. I	French
	Name
15198	Sugargrove Way
	Florida street address (P.O. Box NOT acceptable)
Orlando	_{FL} 32828
	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 gent as provided for in Chapter 608, F.S..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

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TALLAHASSEF. FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	John M. French 15198 Sugargrove Way Orlando FL. 32828
(Use attachment if necessary) CLE V: Effective date, if other than	n the date of filing: date of filing . (OPTIONA
	ist be specific and cannot be more than five business day
REQUIRED SIGNATURE: Signature of a management	ember or an authorized representative of a member.

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)

Typed or printed name of signee