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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan International Advisory Services, 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:

Linda Sullivan	
Name of Person	
L J Sullivan Certified Public Acc	ountant, LLC
Firm/Company	
701 Brickell Avenue, Suite 1550	
Address	
Miami, Fl 33131	
City/State and Zip C	ode
ljsullivancpa@aol.com	
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, please call:	
Linda Sullivan	, 728.5183
	ode & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	siling Fee & \$160.00 Filing Fee, Copy Sertificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Registration Section Registration of Corporations Division of Corporations P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661	Courier Address tration Section on of Corporations n Building Executive Center Circle hassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sullivan International Advisory Services, 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:

c/o L J Sullivan Certified Public Accountant LLC 701 Brickell Avenue, Suite 1550 Miami, Fl 33131

c/o L J Sullivan Certified Public Accountant, LLC 701 Brickell Avenue, Suite 1550 Miami, FI 33131

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:

L J Sullivan Certified Public Accountant, LLC

Name

701 Brickell Avenue, Suite 1550

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

Miami, Fl

FL 33131 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..

ed Agent's Signature (REQUII

(CONTINUED)

Page 1 of 2

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

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

Managing Member	Linda Sullivan
	701 Brickell Avenue, Suite 1550
	Miami, Fl 33131
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION to be specific and cannot be more than five business d

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.)

Linda Sullivan

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURA

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

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