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SECRETARY OF STATE
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J. BRYAN

NOV -1 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Sustainable Consultants 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:
Veally Althran
Kealy altman = 0
EFF. CO.
Firm/Company
16193 RIO DEI SOI
Address
De IRay Ben, F2 33446 City/State and Zip Code Kealy-altman@gmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Kealy-altman@smail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vealy altrian at (501) 251 · 2906 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 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 of the Limited Liability Company is:	是是
Sustainable Consultants LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	Series Andrews
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	ability Company is:

Principal Office Address: Mailing Address:

9558 Clint Hoole Rd	9858 Clin+ MODE Rd
Ste. C-111-111	Ste C-111-111
BOCA RATION, PC 33496	BOCARATON, FC 33496

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:

Kealy.	<u>alt</u>	man		_
Name				
16193 R	10	Del	501	_
Florida street address (P.O. Box NOT acceptable)				
Deleay Bon		FL	3344	<i>چ</i> ا
	City, S	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

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kealy altman 16193 Plo Del Sol DelRay BCh, FL 3344 Color
MGR	Megnan Altman 40555 Steamboat DE Steamboat Speings, CO 80487
Mar	Byan altman 735 Azapanoe Ave, Ap+#303 Boulder, co 80302
	Z
(Use attachment if necessary)	
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
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.)

Kealy altman
Pyped 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)