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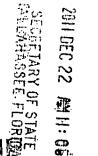
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Certified Copies	Certificates	s of Status
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T. CLINE

DEC 2 7 2011

EXAMINER

December 17, 2011

To: Registration Section **Division of Corporations**

SUBJECT: Trusted Source Consulting, LLC

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

Please return all correspondence concerning this matter to the following:

Leah Nash (MGRM)

Trusted Source Consulting, LLC

418 East Gore Street

Orlando, FL 32806

leahnash@mac.com

For further information concerning this matter, please call:

Leah Nash

at (407) 758 - 5324

Enclosed is a check for the following amount: \$160.00

□\$125.00 Filing Fee □ \$130.00 Filing Fee □ \$155.00 Filing Fee & ☑ \$160.00 Filing

Certificate of Status

Certified Copy (additional copy

is enclosed)

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 1 - NAME:

The name of the Limited Liability Company is:

Trusted Source Consulting, 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:

418 East Gore Street Orlando, FL 32806 418 East Gore Street Orlando, FL 32806

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:

Leah Nash

418 East Gore Street

Orlando, FL 32806

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 Signautre (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV – Manager(s) or Managing Mer The name and address of each Manager or	• •		
Title: "MGR" = Manager "MGRM" – Managing Member	Name and Address:		
MGRM	Leah Nash 418 East Gore Street Orlando, FL 32806		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must business days prior to or 90 days after the	be specific and cannot be more that	IONAL an five	•
REQUIRED SIGNAUTRE:			
Signature of a member or an auth	orized representative of a member.		
(In accordance with section 608.408(3), Flo constitutes an affirmation under the penalt true. I am aware that any false information of State constitutes a third degree fe	ies of perjury that the facts stated he submitted in a document to the Dep	erein a partme	re
	Nash d name of signee	SEGRETARY MELANASSI	2911 DEC 22
Filing Fees:		OF STA	
\$125.00 Filing Fee for Articles of Organizati	on and Designation of Registered A	gent	CD) CBT).

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