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FILED
2012 JAN 25 AM 9: 36
SECRUTARY OF STATE
ASSECUTARY OF STATE

C. LEWIS

JAN 2 6 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CT: BRYANT CONSULTING AND MANAGEMEN Name of Limited Liability Company LIMITED LIABILITY				
The en	losed Articles of Organization and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	EUGENE BRYANT				
	Name of reison				
	Firm/Company				
	724 COVENTRY ROAd Address				
Address					
	DAVENPORT, FL 33897				
_	DAVENPORT, FL 33897 City/State and Zip Code EUGENE BRYANT JR @ GMAIL. COM				
-	E-mail address: (to be used for future annual report notification)				
For fur	er information concerning this matter, please call:				
EL	Name of Person at (863) 424-3725 Area Code & Daytime Telephone Number				
	Name of reison Area Code & Daytime Telephone Number				
Enclos	d is a check for the following amount:				
\$125,00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ 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

BRYANT CONSULTING AND MANAGEMENT LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mu	st end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing address	s and street address of the pri	incipal office of the Limited Liab	ility Company is:
Principal Office A	ddress:	Mailing Address:	
EUGENE	BRYANT	FULLENE BRYA 724 COVENTA DAVENPONT, FL	-NT
724	COVENTRY Road	724 COVENTR	Y ROAd
DAVENI	ONT, FL 33897	OAVENPORT, FE	<u>- 3</u> 3897
(The Limited Liability Cobusiness entity with an action of the name and the F	mpany cannot serve as its own Registrative Florida registration.) Torida street address of the re	Office, & Registered Agent's Siered Agent. You must designate an individual egistered agent are:	T IL AMPECRUTAR ALLAHASS
	Name Name	ORZANI	FF. FL.
	724 Co	VENTRY ROAD ress (P.O. Box NOT acceptable)	FLORII
			DF 6
	DAYENPONT,	<u>FL</u> <u>33897</u> te, and Zip	
	Čity, Sta	te, 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2012 JAN 25 AM 9: 36 Title: Name and Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member MGR NGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 02/01/2012 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

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)