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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAR 2 7 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations				
CHIDIE	NEWSTROP CONSULTING LLC.				
SODIL	Name of Limited Liability Company				
The en	losed Articles of Organization and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	RICARDO NEWARK				
	Name of Person				
	NEWSTROP CONSULTING LLC.				
	Firm/Company				
	1331 BRICKELL BAY DR - SUITE 2908				
	Address				
ı	MAMI, FL 33131				
,	City/State and Zip Code				
-	newark1@gmail.com E-mail address: (to be used for future annual report notification)				
For fur	her information concerning this matter, please call:				
RICA	RDO NEWARKat (786 566-7825				
	Name of Person Area Code & Daytime Telephone Number	•			
Enclos	ed is a check for the following amount:				
\$125.00	Filing Fee \$\bigsup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
NEWSTROP CONSULTING LLC.	
(Must end with the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1331 BRICKELL BAY DR	1331 BRICKELL BAY DR
SUITE 2908	SUITE 2908
MIAMI, FL 33131	MIAMI, FL 33131
RICARDO NEWARK Nar	•
1331 BRICKELL BAY D	
	address (P.O. Box NOT acceptable)
MIAMI	_{FL} 33131
City,	State, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	nature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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	RICARDO NEWARK 1331 BRICKELL BAY DR - SUITE 2908 MIAMI, FL 33131
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date musto or 90 days after the date of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a men	iber or an authorized representative of a member.
(In accordance with section of constitutes an affirmation up	608.408(3), Florida Statutes, the execution of this document ader 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.)

RICARDO NEWARK

Typed 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)