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Effective Date 03/21/12

03/26/12--01019--006 **125.00

FILED
2012 MAR 26 PM 4: 21
SECRETARY OF STATE

J. BRYAN
MAR 27 2012
EXAMINER

COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJE	ECT: Clav	vijo Consulting Gro	oup LLC	
5000			ited Liability Company	
The en	closed Article	es of Organization and fee(s) are	e submitted for filing.	
Please	return all corr	respondence concerning this ma	atter to the following:	
	Jonatha	an Clavijo		
			Name of Person	
	440441	Jamana Farmant	Firm/Company	THE T
	140111	Harpers Ferry st	Address	
[Davie,FL	. 33325		ASSET ASSET
-	<u> </u>		ity/State and Zip Code	
- 	jon14011	@bellsouth.net		FLORESTATION STATE
_		E-mail address: (to be used	for future annual report notification)	OM.
For furt	ther informati	on concerning this matter, pleas	se call:	
Jona	than Clav	ijo	at(954) 2324726	
	Naı	me of Person	Area Code & Daytime Tele	phone Number
Enclos	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company	/ IS:
Clavijo Consulting Group LL	Ciability Company, "L.L.C.," or "LLC.")
(Must end with the words. Limited L	Jaconity Company, "L.L.C.," or "LLC.)
ARTICLE II - Address:	## 25 A
The mailing address and street address of th	e principal office of the Limited Liability company is:
Principal Office Address:	Mailing Address:
14011 Harpers Ferry St	14011 Harpers Ferry St
Davie, FL 33325	Davie, FL 33325
	red Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another Effective Date 03/21/12 the registered agent are:
Jonathan Clavijo	
	ame
14011 Harpers	Ferry st
Florida street	t address (P.O. Box NOT acceptable)
Davie	_{FL} 33325
City	, State, and Zip
liability company at the place designated 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 acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGR	Jonathan Clavijo 14011 Harpers Ferry St	WILLAHASSE TARKE
	Davie, FL 33325	
(I lea esta la constitución de l		
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: 03-21-2012	(OPTIONAL)
fective date is listed, the date must b days after the date of filing.)		

(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.)

Jonathan Clavijo

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)