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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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Effective Date 6-4-12

06/07/12--01019--024 **160.00

SECRETARY OF STATE TALLAHASSEE FI DOLLA

2010

J. SAULSBERRY EXAMINER

JUN 11 2012

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: RICK PHELIS CONSULTING 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: |
| BICHARD PHEIFS Name of Person |
| RICK PHELPS CONSULTING 11C |
| 6946 OLD PASCO TED Address |
| WESLEY CHAPEL FL. 33544 PE |
| RICKPHELPS 1058 @ GM File Colli E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| RICK PHELPS at (770) 617 0722 571 8 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed) |
| Mailing Address Pegistration Section Pegistration Section |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: | |
|---|--|
| RICK PHELPS CONS (Must end with the words "Limited Liability | y Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address. | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| RICK PHELPS CONSULTING LLC 6946 OLD PRSCO RO LIFESLEY CHARCL, FL 33544 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the re NRAT SERVICES Name | TWC ASSET |
| TALLAHASSEE | ress (P.O. Box NOT acceptable) |

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.

Signature (REQUIRED)

(CONTINUED)

NRAI SERVICES, INC.

Page 1 of 2

| ARTICLE IV- Manager(s) or Manager The name and address of each Manager | | TALLAR TALLAR |
|---|---|---------------|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | HASSEE, F |
| MERM | BICK PHELPS 6946 OLD PASCO RD WESLEY CHAPLE FL 33 | FE. FLORIDE |
| | | |
| | | |
| | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be space to or 90 days after the date of filing.) | | |
| REQUIRED SIGNATURE: | | |
| Signature of a member o | r an authorized representative of a membe | er. |
| constitutes an affirmation under the I am aware that any false informaticonstitutes a third degree felony as | 18(3), Florida Statutes, the execution of this de penalties of perjury that the facts stated here ion submitted in a document to the Department of provided for in s.817.155, F.S.) ELPS If or printed name of signee | ein are true. |
| Filing Fees: | | |
| \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | ation and Designation | |

Page 2 of 2