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SECRETARY OF STATE

T. CLINE
OCT 17 2012
EXAMINED

COVER LETTER

TO: Right ដែល Consulting, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Pleas Opporton a sport of the following: Warner & Associates Consulting, LLC 3932 Belmoor Drive Firm/Company Address Palm Harbor, FL 34685 brynwarner@gmail.com City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Warner, CFRE 727 417-5532 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & 3160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Y

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	
	ress of the principal office of the Limited Liability Company is
39 37 Reibal-Office Address: Palm Harbor, FL 34685	Palm Harbor, FL 34685
(The Limited Liability Company cannot serve a business entity with an active Florida registral	
(The Limited Liability Company cannot serve business entity with an active Florida registral) The name and the Florida street additional visions with the company cannot serve to business entity with an active Florida street additional visions.	as its own Registered Agent. You must designate an individual or another tion.)
(The Limited Liability Company cannot serve a business entity with an active Florida registral.) The name and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the first serve and the Florida street additional with the Florid	as its own Registered Agent. You must designate an individual or another cion.) Iress of the registered agent are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: MGR" = Manager MGMGRM" = Managing Member Dawn Warner 3932 Belmoor Dr Palm Harbor, FL 34685 **MGRM** Rita Grzymala 23733 Coral Ridge Lane Land O Lakes, FL 34639 (Use attachment if necessary) October 15, 2012 ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Jonathan Bryn Warner 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)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)