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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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EFFECTIVE DATE 12/6/2012

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

(850) 245-6051.

COVER LETTER,

TO:	Registration S		* F. ** <	
	Division of Co	•		
SUBJ	-	Management Consult	tant, L.L.C.	
		Name of Limit	ited Liability Company	
The e	nclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mate	tter to the following:	_
	Julio C. Agu	ilar	SECT.	17 DET
			Name of Person	10 F
			EFFECTIVE DATE De C 2017	R
	1623 NE 16	8 ST.	Firm/Company	3: 00 -TATE
			Address	_
	North Miami	Beach, FL 33162		
	Jcyot99@gn		ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
Julio	C. Aguilar		786 663-9144	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check for	or the following amount:		
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, 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

•	
ARTICLE I - Name:	555505055050505050
The name of the Limited Liability Company is:	EFFECTIVE DATE 1262012
Assistant Managament Computation 1.1.0	r
Aguilar Management Consultant, L.L.C.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	LEG PEC TEN
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
	(%, 73)
Principal Office Address:	Mailing Address:
Julio C. Aguilar, Manager	1623 NE 168th St
	North Miami Beach, FL 33162
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the refunction Julio C. Aguilar	red Agent. You must designate an individual or another
Name	
1623 NE 168th St	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
North Miami Beach, FL 33	162 FI
City, Stat	re, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with historistered agent as provided for in Chapter 608, F.S
/s/ JULIO C. AGUILA Registered Agent's Signatu	

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Manager	Julio C. Aguilar
	1623 NE 168th St
	North Miami Beach, FL 33162
	
(Use attachment if necessary)	
	on the date of filing: December 6, 2012 (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filir REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.) LIO C. AGUILAR
LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filir REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.)
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a material (In accordance with section constitutes an affirmation I am aware that any false in the section for the section of the secti	must be specific and cannot be more than five busing.) LIO C. AGUILAR
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a material (In accordance with section constitutes an affirmation I am aware that any false in the section of the sectio	must be specific and cannot be more than five busing.) LIO C. AGUILAR ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)