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· (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF STATE
DIVISION OF CORPORATION

C. LEWIS
MAR 27 2013
EXAMINER

(850) 245-6051

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

2 Day 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:

Craig D. Day	
Name of Person	
Firm/Company	
720 Brooks Court	
Address	
Winter Springs, FL 32708	
City/State and Zip Code	
craigday.day@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Craig D. Day

Name of Person

Area Code & Daytime Te

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

\$130.00 Filing Fee & Status St

(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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
2 Day Canaulting LLC	
2 Day Consulting LLC	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Limited I	Liability Company, C.C.C., or LEC.)
ARTICLE II - Address:	
The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
720 Brooks Court	720 Brooks Court
Winter Springs, FL 32708	Winter Springs, FL 32708
	rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
The name and the Florida street address of t	The registered agent are.
Craig D. Day	
N	lame a second
720 Brooks Court	et address (P.O. Box NOT acceptable)
Florida stree	et address (P.O. Box NOT acceptable)
Winter Springs	FL 32708
Cig	ry, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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