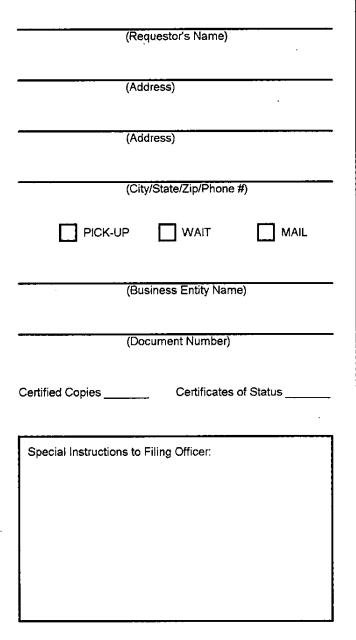
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TALLAHLASSEE TIMBER

B. BOSTICK
JUL **1 5** 2013

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: GNJ 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: | |
| TotalLegal Customer Service Department | |
| Name of Person | |
| TotalLegal | |
| Firm/Company | |
| P.O. Box 544 | |
| Address | |
| Medina, WA 98039 | |
| City/State and Zip Code | |
| Gnjconsultllc@gmail.com E-mail address: (to be used for future annual report notification) | |
| | |
| For further information concerning this matter, please call: | 781. SE |
| TotalLegal Customer Service Department at (866) 815-6840 | SECRE ARY |
| Name of Person Area Code & Daytime Telephone I | Number SET 7 |
| Enclosed is a check for the following amount: | Number SSEE FLORE |
| Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert | 0.00 Filing Fee, Lificate of Status & Lified Copy Litional copy is enclosed) |
| Mailing Address Street/Courier 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

| GIVO COIT | sulting LLC | imited Liability Company, "L.L.C.," or "LLC.") | |
|---|--|--|----------------------|
| | (Must end with the words Li | imited Liability Company, E.E.C., or EEC. | |
| ARTICLE II - The mailing ad | | s of the principal office of the Limited L | iability Company is: |
| Principal Offi | ce Address: | Mailing Address: | |
| | Vista Lago Drive 22313 Vista Lago Drive | | |
| Boca Raton, FL | 33428 | Boca Raton, FL 33428 | |
| (The Limited Liabil business entity wit | ity Company cannot serve as its h an active Florida registration. | ss of the registered agent are: | |
| | | da street address (P.O. Box NOT acceptable) | |
| | Ocala | FL 34471 City, State, and Zip | |
| | | • / | ' tras |

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

| "MGRM" = Managing Member | |
|---|--|
| MGRM | Ann Brown |
| | 1735 Southeast 5Th Street |
| | Ocala, FL 34471 |
| | 工门 |
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| | Mo |
| | T |
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| | |
| Use attachment if necessary) | |
| | |
| F V. Effective date if other than | the date of tiling: IOPTION |
| EV: Effective date, if other than ective date is listed, the date mus | the date of filing: (OPTION |
| ective date is listed, the date mus | the date of filing: (OPTION to be specific and cannot be more than five business d |
| ective date is listed, the date mus | the date of filing: (OPTION to be specific and cannot be more than five business d |
| ective date is listed, the date mus days after the date of filing.) | the date of filing: (OPTION to be specific and cannot be more than five business d |
| ective date is listed, the date mus days after the date of filing.) | the date of filing: (OPTION to be specific and cannot be more than five business d |
| LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: | the date of filing: (OPTION to be specific and cannot be more than five business d |

(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.)

Ann Brown

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)