

L13000165690

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
BEST OFFICE CONSULTING, LLC**

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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November 26, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: BEST OFFICE CONSULTING LLC
REF: W13000065147

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the individual as either MGRM or MGR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: E13000260354
Letter Number: 313A00027186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

BEST OFFICE CONSULTING, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3356 Robert Trent Jones Drive #105
Orlando, FL 32835

Mailing Address:

3356 Robert Trent Jones Drive #105
Orlando, FL 32835

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's

Signature:

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name

7055 SOUTH KIRKMAN ROAD, SUITE 116

Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

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

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

JEAN-CLAUDE NICOLAS

3356 Robert Trent Jones Drive #105
Orlando, FL 32835

Orlando, FL 32835

(Use attachment if necessary)

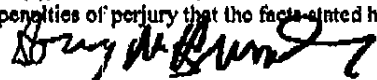
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signer

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