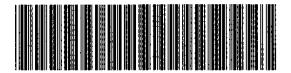
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(850) 245-6051.

### COVER LETTER

TO:

**Registration Section Division of Corporations** 

C3 Consultant Services

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:

Miss Brittany E. Cabral

Name of Person

C3 Consultant Services LLC

Firm/Company

9800 Touchton Road, Apt. 213

Jacksonville, Florida 32246

City/State and Zip Code

BrittanyECabral@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany E. Cabral

904 , 521-1969

Name of Person

Enclosed is a check for the following amount:

**□**\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (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	/ is:		
C3 Consultant Services, LLC.  (Must end with the words "Limited L.	.iability Company, "L.L.C.," or "LLC.")	-	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability (	Compa	ny is:
Principal Office Address:	Mailing Address:		
9800 Touchton Road, Apt. 213	9800 Touchton Road, Apt. 213		
Jacksonville, Florida 32246	Jacksonville, Florida 32246	- -	
1015 NW 21st Ave, Apt. 462 Florida stree	Registered Agent. You must designate an individual or an	ture: other 13 DEC -4 AM : 50	FILED
	y, State, and Zip	ယ	
registered agent and agree to act in this ca all statutes relating to the proper and com and accept the obligations of my position a	It to accept service of process for the above so in this certificate, I hereby accept the appoint appacity. I further agree to comply with the pupilete performance of my duties, and I am facts registered agent as provided for in Chapter (REQUIRED)	intmen rovisio miliar	t as ons of with

(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		
MGR	Brittany E. Cabral	
	9800 Touchton Road, Apt. 213	
	Jacksonville, Florida 32246	
		<u></u>
		HASSEE F. AM
		(T) .
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		용장 =
(Use attachment if necessary)		II: 53 TATE ORIDA
CLE V: Effective date, if other than the	ne date of filing: January 01, 2014	, (OPTIONAL)
effective date is listed, the date mu to or 90 days after the date of filing.)	st be specific and cannot be more	

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.)

Brittany E. Cabral

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)