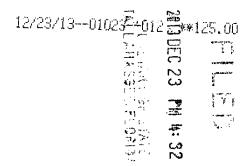
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CON FOLEY & ASSOCIATES CONSULTINY L.L.C. 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:	
CONAL FOLEY Name of Person	
Con Foley & AssociATES Consulting	
405 South Dale Marry Huy. SHZ	.0°
TAMPA, FLORISM 33609	· []
City/State and Zip Code FOley CONAL @ YOLOO.COM	TERRIE MINA
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
CONAL Foley at (813) 695-9572 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

CONFOLBY : 1250CLATED	Consulting L.L.C) <u>~•</u>
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
3834 W. PLATT ST	405 South Dale	Masey SH
ADRISA 33609	FLACIDA 3360°	<u>1</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ed Agent. You must designate an individual	or another
The name and the Florida street address of the reg		
Flizaseth Name	D. 40134	73. 23. januari
3834 W.PlAT		33 32 32
	ess (P.O. Box NOT acceptable)	
City, State	FL 3360 9 e, and Zip	
Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as regi	is certificate, I hereby accept the a v. I further agree to comply with t performance of my duties, and I a	ppointment as the provisions of m familiar with

(CONTINUED)

Page 1 of 2

ARTICLE	IV-	Manager	(s) d	or Man	aging	Member ^e	(s)	ì:
	_ ,	T. TOTAL STREET	(5)	/A ATAMOND	~	TATOMINOUS.	(U)	, .

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

GRM" = Managing Member	0 51
NGB	CONAL HOLOY
	3834 W. PLATT ST
	Tampa, FL 33609
	1 F. COD
	물레 등
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	150 TH

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ARTICLE V: OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Signature of a member or an athorized 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.)

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)