# Florida Department of State

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Account Name : LYONS & LYONS, P.A.

Account Number : 120030000061

Phone : (239)948-1823 Fax Number : (239)948-1826

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rlyons@lyons-law.com

# FLORIDA LIMITED LIABILITY CO.

Gallo & Associates Consulting, LLC

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# ARTICLES OF ORGANIZATION

## **OF**

# GALLO & ASSOCIATES CONSULTING, LLC

The undersigned, under the provisions of Chapter 605 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

#### 1. Name.

The name of the limited liability company is Gallo & Associates Consulting, LLC (hereinafter referred to as the "Company").

#### 2. Address.

### Principal Office Address:

Mailing Address

1230 Sweetwater Lane, No. 2204 Naples, FL 34110 1230 Sweetwater Lane, No. 2204 Naples, FL 34110

## 3. Registered Agent.

The name and the Florida street address for the registered agent are:

Cathy M. Gallo 1230 Sweetwater Lane, No. 2204 Naples, FL 34110

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 605, F.S..

Righard D. Lyons attorney-in-fact

for Cathy M. Gallo

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### 4. Management.

The overall management and control of the business and affairs of the Company shall be vested in a manager and the initial manager shall be:

Title:

Name and Address:

MGR

John W. Gallo

1230 Sweetwater Lane, No. 2204

Naples, FL 34110

IN WITNESS WHEREOF, I, Richard D. Lyons, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 27<sup>th</sup> day of January, 2014.

Richard Q. Lyons

The Authorized Representative of a Member

STATE OF FLORIDA COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 27th day of January, 2014, by Richard D. Lyons, as the Authorized Representative of a Member, who (-) is personally known to me or () produced \_\_\_\_\_\_ as identification.

PATRICIA C. SANSON
MY COMMISSION # FF 024942
EXPIRES: June 8, 2017
Bonded Thru Notary Public Underwriters

Notary Public

(Seal)

4833-1287-6824, v. I