## LH00003651

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SY 3/5/14

## COVER LETTER

TO: Registration of	on Section f Corporations		
SUBJECT: <u>HIGH</u>	FIVE CONSULTANTS LLC Name of Li	nited Liability Company	<del></del>
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.	
Please return all con	reapondence concerning this m	utter to the following:	
MANN	Y GONZALEZ	Name of Person	
<u>HIGH F</u>	IVE CONSULTANTS LLC	Firm/Company	
<u>8306 M</u>	IILLS DRIVE SUITE #383	Address	
<u>MIAMI.</u>	FLORIDA 33183	City/State and Zip Code	
HIGHFIVECO	NSULTANTS@GMAIL.COI E-mail address: (to be use	M d for future annual report notific	ation)
For further informati	ion concerning this matter, plea		
MANNY GONZAL Na	EZ at (_ame of Person	305 ) 283 - 0054 Area Code Daytime Te	elephone Number
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)
М	oiling Address	Street/Courier Add	ress

Mailing 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 FO	OR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
HIGH FIVE CONSULTANTS LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8306 MILLS DRIVE SUITE # 383 MIAMI, FLORIDA 33183	8306 MILLS DRIVE SUITE # 383 MIAMI, FLORIDA 33183	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra.)  The name and the Florida street address of the registers.	wn Registered Agent. You must designate an individual or ation.)	
MANNY GONZALEZ Na	me	
11457 SW 32ND LANE Florida street address (P.O. E	Box <u>NOT</u> acceptable)	
MIAMI	FL 33165	
City	Zip	
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability company a cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S.	
Registered Agent's Sig	gnature (REQUIRED)	

(CONTINUED)

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<del></del>			Name and Address:
	= Authorized	l Member	
	Manager		
AMBK		-	MANNY GONZALEZ
			11457 SW 32ND LANE
			MIAMI, FLORIDA 33165
	<del></del>	-	
	<del></del>	-	
		•	
V: Effe		other than the date of	f (illing:
E V: Effective date f filing.) E VI: Oth	ctive date, if one is listed, the error provisions.	other than the date of date must be speci	ific and cannot be more than five business days prior to or 90
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EV: Effective date of filing.)	ctive date, if one is listed, the error provisions.	other than the date of e date must be speci if any.	ific and cannot be more than five business days prior to or 90
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EV: Effective date filing.) EVI: Oth	ctive date, if ce is listed, the er provisions.  ED SIGNAT	other than the date of a date must be specifically.  URE:	ific and cannot be more than five business days prior to or 90  Ber or an authorized representative of a member.
EV: Effective date filing.) EVI: Oth	er provisions.  ED SIGNAT  S (In accordance	other than the date of a date must be special if any.  URE:  ignature of a member with section 605.	ber or an authorized representative of a member.  0203 (1) (b). Florida Statutes, the execution of this document
EV: Effective date filing.) EVI: Oth	er provisions.  ED SIGNAT  (In accordance constitutes ar	if any.  URE:  ignature of a mem  se with section 605.0  affirmation under the	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
CV: Effective date filing.) CVI: Oth	er provisions.  ED SIGNAT  (In accordance constitutes ar I am aware the	if any.  URE:  ignature of a mem  se with section 605.0  a affirmation under to that any false informa-	ber or an authorized representative of a member. 0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)