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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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Effective Date 51114

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MAY 13 2014 J. HARRIS

COVER LETTER

Division of	Corporations		
SUBJECT:		onado Consulting nited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
	Per	nny A. Smith	
		Name of Person	
		H&R Block	
		Firm/Company	
	151 H	Harbor Village Lane	
		Address	
		ach, Florida 33572	······································
	C	City/State and Zip Code	
	E-mail address: (to be use	hrblock.com d for future annual report notifica	ation)
For further informati	on concerning this matter, plea		
Penny A.	Smith at ()	813) 645-4829	
	me of Person		lephone Number
Enclosed is a check t	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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

Effective Date 51114

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Sabrina Maldonado Consulting L	rc
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
406 Islebay Drive	406 Işlebay Drive
Apollo Beach	Apollo Beach
Florida 33572	Florida 33572
The name and the Florida street address of the registered Penny A. Smith Name	
151 Harbor Village Lane	
Florida street address (P.O. Box	NOT acceptable)
Apollo Beach	FL 33572
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Page 1 of 2

1. 11.1 MANIN OF CONTINUES

"MGR" = Muhorized Member "MGR" = Manager MGR Sabrina Maldonado 406 Islebay drive Apollo Beach FL 33572 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: selfective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ate of filing.) ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are rue. 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	Title:	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Sabrina Maldonada
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	THO I	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)