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JUN - 4 2014

T. BROWN

COVER LETTER

TO: Registration Division of C			
SUBJECT: CFL Co	nsulting Solutions, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
Melissa I	łamilton	A CD	
		Name of Person	
CFL Con	sulting Solutions, LLC		
		Firm/Company	
2180 Gra	nd Teton Blvd.		
		Address	
<u>Melbourn</u>	e. FL 32935		
		ity/State and Zip Code	
<u>melissahamilton</u>	@mac.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information	n concerning this matter, plea	ase call:	
<u>Melissa Hamilton</u> Nam	at (at (321) 693-3072 Area Code Daytime Tel	ephone Number
Enclosed is a check for	r 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)
	ling Address stration Section	Street/Courier Addi Registration Section	ress

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

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: CFL Consulting Solutions, LLC (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 office of the Limited Liability Company is: Mailing Address: Principal Office Address: 2180 Grand Teton Blvd 2180 Grand Teton Blvd Meibourne, FL 32935 Melbourne, FL 32935 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Melissa Hamilton Name 2180 Grand Teton Blvd

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..

(CONTINUED)

Florida street address (P.O. Box NOT acceptable)

City

Melbourne

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized	Memher	Name and Address:
"MGR" = Manager	Wichioci	
MGR		Melissa Hamilton
		2180 Grand Teton Blvd
		Melbourne, FL 32935
EV: Effective date, if o	ther than the date of filing:	(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)