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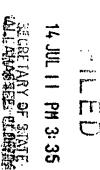
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COVER LETTER

Division of Corporations	
SUBJECT: Lillian and Associates Con-	sulting, LLC
Name	e of Limited Liability Company
The enclosed Articles of Organization and f	
Please return all correspondence concerning	g this matter to the following:
Lillian Sigler	
	Name of Person
Lillian and Associates Consu	
	Firm/Company
5004 Savannah River Way	Apt 206 Address
	Address
Orlando, FL 32839	City/State and Zip Code
lilliansigler13@gmail.com E-mail address: (to	be used for future annual report notification)
For further information concerning this matt	ter, please call:
Lillian Sigler	at (321) 356 4191
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt:
☑ \$125.00 Filing Fee ☐ \$130.00 Filing F. Certificate of Sta	
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations
D.O. Day (227	Cliffor Duilding

P.O. Box 6327 Tallahassee, FL 32314

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:		
Lillian and Associates Consulting, LLC (Must end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
5004 Savannah River Way #206 Orlando, FL 32839	5004 Savannah River Wa Orlando. FL 32839	y #206
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must de	
The name and the Florida street address of the regist	tered agent are:	
Lillian D Sigler	· · · · · · · · · · · · · · · · · · ·	
N	lame	
5004 Savannah River Wa Florida street address (P.O.		
Orlando	FL 32839	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered a ions of all statutes relating to the prop	agent and agree to act in this per and complete performance
Fillian D. Registered Agent's S	Siglev Signature (REQUIRED)	
·	INUED) 1 of 2	4 JULI I P

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	4 HIV - 2% - 4% - 1
MGR	Lillian D Sigler 5004 Savannah River Way # 206
	5004 Savannah River Way # 206
	Orlando, FL 32839
AMBR	Lester Wright
	2802 Grassmoor Loop
	Apopka, FL 32712
Use attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the date octive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 d
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