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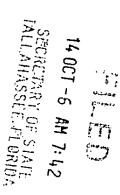
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Cypress Grove Consulting LLC</u> Name of	Limited Liability Company	
The en	oclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
	Kendra Karyl Hanson		•
	1	Name of Person	
	Cypress Grove Consulting LLC	Firm/Company	<u>* * .</u>
	27617 Stonecreek Way	Address	
	Wesley Chapel, FL 33544		
		City/State and Zip Code	
<u>P</u> ,	AUL.W.HANSON@GMAIL.COM E-mail address: (to be u	used for future annual report notifica	ation)
For fur	rther information concerning this matter, p	please call:	
Kendr		t (<u>614</u>) <u>325-5416</u>	
	Name of Person.	Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:		
□ \$125.0	00 Filing Fee \$\Bigcup \frac{\Bigcup \frac{\Bic}\Bigcup \Bigcup \frac{\Bigcup \frac{\Bigcup \frac{\Bigcup \frac{\Bigcup \f		☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress
	D' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	D' 1 ' CO	.•

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

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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:	
Cypress Grove Consulting LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
27617 Stonecreek Way Wesley Chapel, FL 33544	27617 Stonecreek Way Wesley Chapel, FL 33544
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Kendra Karyl Hanson	
Name	
<u>27617 Stonecreek Way</u> Florida street address (P.O. Box <u>N</u>	OT acceptable)
Wesley Chapel	FL 33544
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliga	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	re (REQUIRED)
(CONTINUED Page 1 of 2	OCT -6 RETARY AHASSE

"AMBR" = Authorized Member	Name and Address:
AMBR - Authorized Michiger	
"MGR" = Manager	
"AMBR"	Kendra Karyl Hanson
-	27617 Stonecreek Way
	Wesley Chapel, FL 33544
"AMBR"	Paul Wesley Hanson
	27617 Stonecreek Way
	Wesley Chapel, FL 33544
	770010 7 Onapol, 1 E 00014
	
(Use attachment if necessary)	
of filing.)	be specific and cannot be more than five business days prior to or 90 day
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ARTICLE IV-