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SECRETARY OF STATE
TALLAHASSEF FLORIDA

J. Shivers DEC 1 9 2014

COVER LETTER

TO:	Registration Division of C				
SUBJE	CCT: BUSINE	SS SAVVY CONSULTING Name of Lin	G. LLC nited Liability Com	pany	
The en	closed Articles	of Organization and fee(s) ar	e submitted for fili	ng.	
Please	return all corres	pondence concerning this ma	atter to the following	ng:	
	YOLAND	A ELLIOTT	Name of Person		
	BUSINES	SS SAVVY CONSULTING	LLC Firm/Company		
	812 KING	SSBRIDGE DRIVE	Address		
	OVIEDO.	FL 32765	ity/State and Zip C	ode	
<u> Y</u>	OLANDA@BU	SINESSSAVVY.CR E-mail address: (to be use	d for future annual	report notifica	tion)
For fur	ther information	a concerning this matter, plea	ase call:		
YOLA	NDA ELLIOTI Nam	at (4	407) 314- Area Code		ephone Number
Enclos	ed is a check fo	r the following amount:			
☑ \$125. 0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	- У .	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi	ling Address stration Section sion of Corporations	Registr Divisio	Courier Additation Section of Corporat	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BUSINESS SAVVY CONSULTING, 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: Principal Office Address: Mailing Address. Pister Agent's Signature: City Zip All All All All All All	CLE I - Name: ume of the Limited Liability Company is:			
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Agent's Signature: Mailing Agent's Signature: Mailing Agent's Signature: Mailing Agent's Signature: Mailing Agent's Signatur	NESS SAVVY CONSULTING, LLC (Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	_	
812 KINGSBRIDGE DRIVE OVIEDO, FL 32765 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: SUSAN PARIS Name 3435 OAKWATER POINTE DRIVE Florida street address (P.O. Box NOT acceptable) ORLANDO FL 32812 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability compute place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perfort of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for the Chapter 605. E.S. (CONTINUED)		e of the Limited Liability Company is:		
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: SUSAN PARIS Name 3435 OAKWATER POINTE DRIVE Florida street address (P.O. Box NOT acceptable) ORLANDO FL 32812 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability compute place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S. (CONTINUED)	pal Office Address:	Mailing Address:		
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Page 1 of 2	e place designated in this certificate, I hereby accept the city. I further agree to comply with the provisions of a my duties, and I am familiar with and accept the obligate Chapter (Registered Agent's Signature)	e appointment as registered agent and agressless that the proper and completions of my position as registered agent as 505, F.S. (REQUIRED)	ee to act in this lete performan provided for SECRETARY	is nce

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	YOLANDA ELLIOTT
	812 KINGSBRIDGE DRIVE
	OVIEDO, FL 32765
	
	
V: Effective date, if other than the date true date is listed, the date must be s	e of filing: <u>JANUARY 1, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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