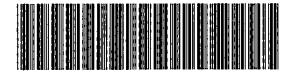
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BJC Consulting, LLC Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Susan DeMarco	Name of Person	
Archer & Greiner, PC	Firm/Company	
1650 Market Street, 32nd Floor	Address	
Philadelphia, PA 19103	City/State and Zip Code	
briandcohen1234@amail.com E-mail address: (to be us	sed for future annual report notification	ation)
For further information concerning this matter, pl	ease call:	
Susan DeMarco at (	215 ) 246-3123 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$125.00 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)
Mailing Address  Registration Section  Division of Corporations	Street/Courier Add Registration Section Division of Corporat	

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

Registration Section
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:	
BJC Consulting, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1330 96th Street Bay Harbor Islands, Florida 33154	1330 96th Street Bay Harbor Islands, Florida 33154
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Brian D. Cohen	
Name	São S
1330 96th Street Florida street address (P.O. Box	NOT acceptable)
Bay Harbor Islands City	FL 33154 CORD TO THE TOTAL TO THE TOTAL TO

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

		Name and Address:	
"AMBR" = Authorized Mem	per		
"MGR" = Manager			
AMBR		Brian D, Cohen	
		1330 96th Street	
		Bay Harbor Islands, Florida 33154	
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EV: Effective date, if other the date is listed, the date of filing.)  EVI: Other provisions, if any		□: ➤ (OPTIONAL)	F 5
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ARTICLE IV-