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Office Use Only



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effective date 1-8-15

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T. BROWN

COVER LETTER

	Registration Section Division of Corporations		•
SUBJEC		DNSULTIVE G	toup, LLC
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please ret	turn all correspondence concerning this n	•	•
	Ste	ven M. Wer	'SS'
		Name of Person	
	SHW C	ONSULTING	Group, LLC
		Firm/Company	- · ·
	5917 N	W 130d Cc	URY
		Address	
	PARKU	TWO, FL, 23 City/State and Zip Code	067
_	WEISC10857	City/State and Zip Code OBMAIL: CC ed for future annual report notificat	on)
For further	er information concerning this matter, ple	ease call:	
Ste	Name of Person	754) W 41 Area Code Daytime Tele	phone Number
Enclosed i	is a check for the following amount: Filing Fee \$\sum_{\text{\$130.00 Filing Fee & Certificate of Status}}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		EFFECTIVE DATE
SMW CONSUL	TING Group, UC	1815
(Must end with the words "Limit	d 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:	See 5 M
Principal Office Address:	Mailing Address:	
S917 NW73 COURT PARKLAND, FL 33067	FARKUAND, FL. 33067	3 70
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or	P. S. S. S.

The name and the Florida street address of the registered agent are:

5917 NW 7312 COURT Florida street address (P.O. Box NOT acceptable)

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

(CONTINUED) Page 1 of 2

The name and address of each person a Fitie:	Name and Address
AMBR" = Authorized Member	Name and Address:
MGR" = Manager DTELLOW H, WEUSS	= AHER" 5917 NW 7360 COUL
ROBINS. WEISS.	-"HGR" 5917NW7350-COURT
Ise attachment if necessary)	
Use attachment if necessary)	01-08-15
V: Effective date, if other than the da	te of filing: $01-09-15$ (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be sfiling.)	te of filing: 01-02-15 (OPTIONAL) pecific and cannot be more than five business days prior to or
V: Effective date, if other than the da	te of filing: 01-02-15 (OPTIONAL) pecific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be sfiling.) VI: Other provisions, if any.	te of filing: 01-08-15 (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be s filling.) VI: Other provisions, if any. EOUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or "AHB member or an authorized representative of a member.
V: Effective date, if other than the dative date is listed, the date must be sfiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of an (In accordance with section to constitutes an affirmation under the section of the section	member or an authorized representative of a member. Sob. 0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be s filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a n (In accordance with section und a maware that any false info	pecific and cannot be more than five business days prior to or "AUR member or an authorized representative of a member. dos.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State
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Page 2 of 2