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(Re	equestor's Name)	
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SLORE LARY OF STATE
FALLAHASSEE, FLORIDA

FEB - 3 2015

COVER LETTER

то:	Registration Section Division of Corporation	ons	₩.	
SUBJE	CT: GREG	Name of Li	ET CONSULTIN	G,LLC
The enc	losed Articles of Organi	zation and fee(s)	are submitted for filing.	
Please 1	eturn all correspondence	concerning this i	matter to the following:	
		GREG	Mo RLEY Name of Person	
		GREG	MORLEY CONSUL	JING,LLC
	2218	VALRIC	O FOREST DR. Address	
	<u> Valric</u>	o , FL.	33594 City/State and Zip Code	<u> </u>
	GREGOK E-mail	y Morley 47 address: (to be us	O UERIZOUI ACT ed for future annual report notific	ation)
For furt	her information concern	ing this matter, pl	ease call:	
	GREG MOR Name of Perso	<u>LEJ</u> at (Area Code Daytime Te	3466 elephone Number
Enclose	ed is a check for the follo	wing amount:		
¶ \$ 125.00	•	.00 Filing Fee & ificate 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 Addr Registration S Division of Co P.O. Box 632	ection orporations	Street/Courier Add Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	To the second se
GREG MORLEY CO	A SULTING LLC ed Liability Company, "L.L.C.," or "LLC.")
(Mast cha with the Words Entitle	d clability company, E.E.C., of EEC.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2218 UALRICO FOREST DR.	2218 VALRICO FOREST DR.
VALRICO, FL. 33594	valnico, Fl. 33594

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:

Name

Q218 UPLRICO FOREST DR.

Florida street address (P.O. Box NOT acceptable)

VALRICO FL 33594

City Zip

thaving 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

<u>litle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
	
AMBR	GREG MORLEY 2218 UNLRICO FOREST DR. VALRICO, FL. 33594
	
	
Use attachment if necessary)	
V: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felonic	ecific and cannot be more than five business days prior to or the control of the