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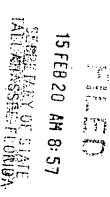
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Division of C			
SUBJE	CCT: <u>dePaul</u>	Consulting Group, LLC Name of Lin	nited Liability Company	
		.,		
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corres	pondence concerning this ma	atter to the following:	
			Dennis P. Elliott Name of Person	
		dePaul C	Consulting Group, LLC Firm/Company	
			• •	
	-	925 9	Spoonbill Circle Address	
			on, FL 33326 ity/State and Zip Code	
			mail.com d for future annual report notifica	
				tion)
For fur	ther information	n concerning this matter, plea	ase call:	
		iott at ( f	651 <u>492-0727</u> Area Code Daytime Tel	ephone Number
_	ed is a check fo 0 Filing Fee	r the following amount:  \$\Bigsim \frac{1}{3} \text{130.00 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)
	Regi Divi P.O.	ling Address stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	=	pany is:		
dePaul Consultir	ng Group, LLC (Must end with the	words "Limited Lia	bility Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Addr The mailing address a		of the principal office	of the Limited Liability Co	ompany is:
Principal Office Add	dress:	Ī	Mailing Address:	
925 Spoonbill Circle Weston, FL 33326			925 Spoonbill Circle Weston, FL 33326	
	y Company cannot ty with an active Fl	serve as its own Reg orida registration.)	egistered Agent's Signatu istered Agent. You must de	
The hame and the Flo			ill are.	
	De	ennis P. Elliott Name		
		5 Spoonbill Circle Idress (P.O. Box <u>NO</u>		
	Weston	City	FL 33326 Zip	
the place designat capacity. I further o	ed in this certificate agree to comply witi	e, thereby accept the hithe provisions of al hid accept the obligate Chapter 6	appointment as registered of I statutes relating to the proj ions of my position as regist	nted limited liability company at agent and agree to act in this per and complete performance ered agent as provided for in

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	•
MGR	Dennis P. Elliott
	925 Spoonbill Circle
	Weston, FL 33326
E V: Effective date, if other than the date cective date is listed, the date must be specified.	of filing: <u>February 18, 2015</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90
ective date is listed, the date must be spends of filing.)	of filing: <u>February 18, 2015</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date cective date is listed, the date must be specified.	of filing: <u>February 18, 2015</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under	nher or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nher or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  1.0203 (1) (b) and occument to the Department of States (2)
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