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COVER LETTER

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	Registration Section Division of Corporations		
SUBJEC	T: Welch Consulting International LL Name of Lin	.C nited Liability Company	
The enclo	osed Articles of Organization and fee(s) ar		
Please ret	turn all correspondence concerning this m	atter to the following:	
	Geoffrey T Welch		
		Name of Person	
	Welch Consulting International LLC		
		Firm/Company	
	3685 Amberly Circle D-201	411	200 o
		Address	
	Naples, Florida 34112	ity/State and Zip Code	
weir	chconsultingint@comcast.net	ny/state and Zip Code	
	E-mail address: (to be use	d for future annual report notifica	tion) Şi ψ
For furth	er information concerning this matter, plea	ase call:	28 TE DA
Geoffrey	y T Welch at () Name of Person		ephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\Bigcup \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\ 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 P.O. Box 6327 Tallahassee, 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 15 APR -3 PN 3-28

ARTICLE I - Name: The name of the Limited Liability Company is:	\$ • •
Welch Consulting International 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:
3685 Amberly Circle D-201	3685 Amberly Circle D-201
Naples, FL 34112	Naples, FL 34112

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:

Geoffrey T \	<u>Nelch</u>	
	Na	me
3685 Amber	rly Circle D-201	
Florida stree	t address (P.O. F	Box NOT acceptable)
Naples		FI, 34112
-	City	Zip

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.,

(CONTINUED)

Page 1 of 2

îtle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Geoffrey T Welch
	3685 Amberly Circle D-201
	Naples, FL 34112
	
•	of filing: (OPTIONAL)
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be spe f filing.) E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be spe filling.) E VI: Other provisions, if any. his LLC is a sole proprietorship entity. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or some
E V: Effective date, if other than the date ctive date is listed, the date must be spe filling.) E VI: Other provisions, if any, as LLC is a sole proprietorship entity. REQUIRED SIGNATURE: Signature of a man of the date must be specified as a differential to constitutes an affirmation under I am aware that any false inforres.	ecific and cannot be more than five business days prior to or

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)