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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Otero Consulting Company L.L. C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie Otero
Name of Person
Otero Consulting Company L.L.C
Firm Company
26600 SW 173 Ct.
Address
Homesteal, FL 33031 Kelliewells Otero @ gmail.com
City/State and Zip Code
Felliewell Otero @ gmail. Com
E mail address: (to be used for fut) we enough report notification)

For further information concerning this matter, please call:

Kellie Otero at 186, 586-6024

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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)

Mailing Address

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Otero Consulting Company L. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	. (<u>. </u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Abbot SW 173 Ct. Homestead, FL. 33031 Homestead, F	193 193 L. 3	; C+ 303	
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 inanother business entity with an active Florida registration.)	dividual	or	
The name and the Florida street address of the registered agent are:			
Kellie Otelo 26600 SW 173 Ct.			
Florida street address (P.O. Box NOT acceptable) HumeStead FL. 33031 City State Zip			
Having been named as registered agent and to accept service of process for the above stated limited liab, place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performand am familiar with and accept the obligations of my position as registered agent as provided for in Chaptet	in this ca ce of my a	apacity. duties, a	I
Registered Agent's Signature (REQUIRED)			
(CONTINUED)	 1 :	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Page 1 of 2		斯 22 P	and the
		Z: 3	-44,00

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	1/-11:0 0/2-
AMBR	Kellie Otero
	16600 SW 173 Ct. Homestead, FL. 33031
AMBR	
FILLDY	2460 SW 173 Ct.
	Homestead, FL. 33031
AMBR	Michelle Rieler
7.,	20533 SW 133 AVC.
	Miami, FL. 33177
(Use attachment if necessary)	
LF V: Effective date if other than the date	te of filing: (OPTIONAL)
ument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be at of State's records.
ument's effective date on the Departmen	
If the date inserted in this block does not ument's effective date on the Departmen LE VI: Other provisions, if any. REQUIRED SIGNATURE:	
LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m	nember or an authorized representative of a member.
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ARTICLE IV-