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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CCT: <u>Engelm</u>	nann Consultants. LLC Name of Lie	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	David Er	ngelmann	Name of Person	
			Name of Person	
	<u>Engelma</u>	nn Consultants, LLC	Firm/Company	
	<u>2272 Jes</u>	ssica Lane	Address	
	<u>Kissimm</u>	ee, FL 34744	City/State and Zip Code	
<u>D</u> 6	engelmann@	cfl.rr.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>David</u>	Engelmann		407) 973-2075	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	or the following amount:		
] \$ 125,0	0 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/Courier 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:		
Engelmann Consultants, LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
2272 Jessica Lane Kissimmee, FL 34744	2272 Jessica Lane Kissimmee, FL 34744	
The name and the Florida street address of the region	stered agent are:	
<u>David Engelmann</u>	Name	
2272 Jessica Lane Florida street address (P.G	D. Box <u>NOT</u> acceptable)	
<u>Kiş</u> simmee	FL_34744	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	accept the appointment as registered ag isions of all statutes relating to the propethe obligations of my position as register Chapter 605, F.S	ent and agree to act in this er and complete performance
Registered Agent's	Signature (REQUIRED)	jebna u jedna
(CON	TINUED)	
Pag	ge 1 of 2	Gin N

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	David Engelmann
	2272 Jessica Lane
	Kissimmee, FL 34744
	· ·
V: Effective date, if other than the date	of filing: (OPTIONAL)
Use attachment if necessary) V: Effective date, if other than the date ctive date is listed, the date must be sportiling.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be sportfilling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ecific and cannot be more than five business days prior to or 90 more or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date entire date is listed, the date must be sportfiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes and the constitutes and the constitutes an affirmation under the constitutes an affirmation under the constitutes and the constitutes an affirmation under the constitutes and the constitutes and the constitutes and the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the constitutes and the constitutes are constituted as a constitute the co	ecific and cannot be more than five business days prior to or 90 ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	ecific and cannot be more than five business days prior to or 90 more or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforces constitutes a third degree felon	ecific and cannot be more than five business days prior to or 90 more or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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

Engelmann Consultants, LLC 2272 Jessica Lane Kissimmee, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Engelmann Consultants, LLC:

David Engelmann 2272 Jessica Lane Kissimmee, FL 34744

David Engelmann, Organizer

8-21-15

Date

