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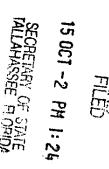
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	Non Sibi Consulting, LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	William C. Davison
	Name of Person
	Non Sibi Consulting, LLC
	Firm/Company
	1321 S.E. 4th Avenue
	Address
	Pompano Beach, FL 33060
	City/State and Zip Code
	will.davison1234@gmail.com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	William C. Davison 603 770-1045
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
] \$125.6	Of Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}

Mailing Address

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

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ART	ICL	ΕI	- N	ame:
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The name of the Limited Liability Company is:

15 OCT -2 PM 1:24

Non Sibi Consulting, LLC	SECRETARY OF STATE
(Must end with the words "Limited Liability Company.	"L.L.C" or "L.L.C.")

ARTICLE II - Address:

	Principal Office Address:		Mailing Address:
1321 S.E. 4t	h Avenue	132	1 S.E. 4th Avenue
Pompano Be	Pompano Beach, FL 33060		npano Beach, FL 33060
name and the Florid	la street address of the registered William C. Davison	agent are:	
name and the Florid	la street address of the registered William C. Davison	agent are:	
name and the Florid	C	Name	
name and the Floric	William C. Davison	Name	acceptable)
name and the Floric	William C. Davison 1321 S.E. 4th Avenue	Name	acceptable)

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

The name and address of each person aut	thorized to manage and control the Limited Liability Company:
Title:	Name and Address: 15 OCT -2 PM 1:24
"AMBR" = Authorized Member "MGR" = Manager AMBR	William C. Davison SECRETARY OF STATE FALLAHASSEE FLORIDA
	1321 S.E. 4th Avenuc Pompano Beach, FL 33060

(Use attachment if necessary)	
n effective date is listed, the date must be spe date of filing.)	of filing: September 28, 2015 . (OPTIONAL) ceific and cannot be more than five business days prior to or 90 days af neet the applicable statutory filing requirements, this date will not be liste of State's records
advantage of the control of the Department	or parte a records.
FICLE VI: Other provisions, if any. purpose of Non Sibi Consulting, LLC is to pro	
REQUIRED SIGNATURE: Signature of a menutian and any any and any and any and any and any and any any and any any and any and any any and any any and any any any any any any any any any and any	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)