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TALLAHASSEE, FI CRID.

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COVER LETTER

	gistration Section ivision of Corporations
SUBJECT	Keystone Consulting Team
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Charles W Bowen III
	Name of Person
	Keystone Consulting Team LLC.
	Firm/Company
	110 Duncan Street
	Address
	Sebastian, FL 32958
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Charles W Bowen 703 789 4290
	Name of Person Area Code Daytime Telephone Number
Englaced is	a abade for the following amounts
\$125.00 Fi	a check for the following amount: ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 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 COMPANY

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The name of the Limited Liability Company is:

Keystone Consulting Team 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:	effective unit
110 Duncan Street	110 Duncan Street	
Sebastian, FL 32958	Sebastian, FL 32958	
		·

MISDET 30 PA 4:1

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:

Charles W. Bowen II	[
	Name	
110 Duncan Street		
Florida street address	s (P.O. Box NOT a	cceptable)
Sebastian, FL 32958		
City	State	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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:	
	horized Member	
"MGR" = Man		
AMBR	Charles W Bowen III	
	110 Duncan Street	
	Sebastian, FL 32958	
AMBR	Kenneth J. McQuiston	
AWDK	551 Bluestone, Ct	
	Mascoutah, IL 62258	
	Mascouran, 11, 02238	
	late, if other than the date of filing: 1 January 2016 . (OPTIONAL)	_
CLE V: Effective effective date is like of filing.) If the date inserte		•
CLE V: Effective effective date is like of filing.) If the date inserte	late, if other than the date of filing: 1 January 2016 . (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior to or 90 days in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	•
CLE V: Effective effective date is like of filing.) If the date inserte cument's effective	late, if other than the date of filing: January 2016	•
CLE V: Effective effective date is like of filing.) If the date inserte cument's effective CLE VI: Other pro	late, if other than the date of filing: January 2016	•
CLE V: Effective effective date is like of filing.) If the date inserte cument's effective CLE VI: Other pro	in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records. Visions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	•

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)

ARTICLE IV-