

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L16000000354
FILED 8:00 AM
December 30, 2015
Sec. Of State
tscott**

Article I

The name of the Limited Liability Company is:

MICHELLE MAYS CPA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

195 TAYLOR ROAD
MONTICELLO, FL. US 32344

The mailing address of the Limited Liability Company is:

P.O. BOX 158
LLOYD, FL. US 32337

Article III

Other provisions, if any:

THE GENERAL PURPOSE FOR WHICH THIS LIMITED LIABILITY
COMPANY IS ORGANIZED INCLUDES ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MICHELLE B MAYS
195 TAYLOR ROAD
MONTICELLO, FL. 32344

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.

Registered Agent Signature: MICHELLE B MAYS

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MICHELLE B MAYS
195 TAYLOR ROAD
MONTICELLO, FL. 32337 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2016

Signature of member or an authorized representative

Electronic Signature: MICHELLE MAYS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.