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JAN 1 2016

S. GILBERT

COVER LETTER

TO:	Registration Section Division of Corporations			
CHRIF	DHU Consulting, LLC			
SUBJE	Name o	of Limited Liabil	lity Company	
The enc	losed Articles of Organization and fee	(s) are submitted	l for filing.	
Please n	eturn all correspondence concerning th	is matter to the	following:	
	Brett Furlong			
	<u> </u>	Name of	Person	
	DHU Consulting, LLC			
		Firm/Co	ompany	
	1306 SW 18th St			
		Addı	ess	
	Cape Coral, FL 33991			
	Brettfurlong@me.com	City/State ar	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificat	ion)
For furthe	er information concerning this matter, p	olease call:		
	Brett Furlong	239 at (671-7427	
	Name of Person	•	Daytime Telephon	e Number
Enclose	d is a check for the following amount:			
_	Filing Fee \$130.00 Filing Fee Certificate of Statu	s LLCertifi	00 Filing Fee & led Copy al copy is enclosed)	\$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 Corporate Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	y Company is:			LED
DHU Consulting, LI	C			15 DEC 28 PH 4: 57
		d Liability Co	mpany, "L.L.C.," or "LLC.")	雅中。 : GTATE Alea A Alexa Sale FL a rida
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	office of the Li	mited Liability Company is:	Section 1 to Children
<u>Princip</u>	al Office Address:		Mailing Add	<u> </u>
5518 Harbour Preser Cape Coral, FL 339			5518 Harbour Preserve Circle Cape Coral, FL 33914	
another business entity with an a	· ·	•		
		Name		
	1306 SW 18th St			
	Florida street addres			
	Cape Coral City	FL State	33991 Zip	
laving been named as registered of lace designated in this certificate, wither agree to comply with the pring familiar with and accept the ob	ngent and to accept serv I hereby accept the approvisions of all statutes r ligations of my position	vice of process pointment as re relating to the p as registered	for the above stated limited liable gistered agent and agree to act oroper and complete performance agent as provided for in Chapter	in this capacity. I ce of my duties, and I
	Regis .	tered Agent's	Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMDD" — Authorized Momb	Name and Address:
"AMBR" = Authorized Member "MGP" = Manager	er -
"MGR" = Manager MGR - Donald Uyeno	5518 Harbour Preserve Circle
	Cape Coral, FL 33914
MGR - Joanne Uyeno	5518 Harbour Preserve Circle
	Cape Coral, FL 33914
V: Effective date, if other tha	the date of filing: 01/01/2016 (OPTIONAL)
V: Effective date, if other that tive date is listed, the date me filing.) the date inserted in this block cont's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date m filing.)	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other that tive date is listed, the date m filing.) ne date inserted in this block cent's effective date on the De VI: Other provisions, if any.	loes not meet the applicable statutory filing requirements, this date will not bartment of State's records.
V: Effective date, if other that tive date is listed, the date many filing.) The date inserted in this block of the date inserted in this block of the date on the Development. VI: Other provisions, if any. Signatur This document I am aware that	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other that tive date is listed, the date many filing.) The date inserted in this block of the date inserted in this block of the date on the Development. VI: Other provisions, if any. Signatur This document I am aware that	loes not meet the applicable statutory filing requirements, this date will not bartment of State's records. e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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