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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Mathews Finch Consulting Group LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Deborah Finch
	Name of Person
	Mathews Finch Consulting Group LLC
	Firm/Company
	10318 Gator Bay Ct.
	Address
	Naples, FL 34120
	City/State and Zip Code
	debbie.finch@mathewsfinchconsulting.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Deborah Finch 508 641-0344
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$255.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\int \text{\$260.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	Mailing Address Street Address

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

ARTICLE I - Name:

The name of the Limited Liabil	lity Company is:			
	nsulting Group LLC I with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limit	ed Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
10318 Gator Bay C Naples, FL 34120	t		0318 Gator Bay Ct. aples, FL 34120	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registratio	Registered Agen on.)	gent's Signature: t. You must designate an individual o	r
	Deooran Finen	Name		
	10318 Gator Bay Ct.			
	Florida street addres		acceptable)	
	Naples	FL	34120	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the appo provisions of all statutes re	ointment as regist elating to the proj	the above stated limited liability compo ered agent and agree to act in this cap per and complete performance of my d nt as provided for in Chapter 605, F.S.	pacity. I luties, and I

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Deborah Finch
	10318 Gator Bay Ct.
	Naples, FL 34120
	
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ctive date is listed, the date must be sp f filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the date etive date is listed, the date must be specifiling.) he date inserted in this block does not reent's effective date on the Department vi: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member o