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

	Registration Section Division of Corporations	
SUBJEC	Mark P. Kelly Consulting, LLC	
SUBJEC	Name of L	imited Liability Company
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.
Please ret	turn all correspondence concerning this r	natter to the following:
	Terry R. Kroggel	
		Name of Person
	Terry R. Kroggel, PA	
		Firm/Company
	13902 N. Dale Mabry Hwy, Suite 10	6
		Address
	Tampa, FL 33618	
	Terry@Kroggel-CPA.Com	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For further	r information concerning this matter, plea	se call:
	Terry R. Kroggel	813 355-1724
		Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.001	Filing Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional 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 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 Liability	y Company is:			
				1 6
Mark P. Kelly Consul			77	.
(Must end v	with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		MAR
ARTICLE II - Address:			SS#	2
	Idress of the principal o	office of the Limited Liability Company is:	(12) ° (24) -≺	
			بإيباس لنشر	PH
Princips	al Office Address:	Mailing Address:	5	
			≥≥	-
6030 Printery St, Apt	105	6030 Printery St, Apt 105		Ó
Tampa, FL 33616		Tampa, FL 33616		
			,	
ARTICLE III - Registered Age	nt, Registered Office,	& Registered Agent's Signature:		
(The Limited Liability Company	cannot serve as its own	n Registered Agent. You must designate an individu	al or	
another business entity with an a	ctive Florida registratio	on.)		
The name and the Florida street a	address of the registered	d agent are:		
	Terry R. Kroggel			
		Name		
	13902 N. Dale mabr	y Hwy, Suite 106		
	Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)		
	Tampa, FL 33618			
	Tampa, FL 33618	State 7in		
	Tampa, FL 33618 City	State Zip		
Havina heen named as registered a	City	•	มห อสมบ สม	the
	City gent and to accept servi	ice of process for the above stated limited liability co		
place designated in this certificate,	City gent and to accept serve I hereby accept the app	ice of process for the above stated limited liability co pointment as registered agent and agree to act in this	capacity.	. I
place designated in this certificate, further agree to comply with the pro	City gent and to accept serve I hereby accept the app ovisions of all statutes re	ice of process for the above stated limited liability co cointment as registered agent and agree to act in this elating to the proper and complete performance of n	capacity. ny duties,	. I
place designated in this certificate, further agree to comply with the pro	City gent and to accept serve I hereby accept the app ovisions of all statutes re	ice of process for the above stated limited liability co pointment as registered agent and agree to act in this	capacity. ny duties,	. I
place designated in this certificate, further agree to comply with the pro	City gent and to accept serve I hereby accept the app ovisions of all statutes re	ice of process for the above stated limited liability co cointment as registered agent and agree to act in this elating to the proper and complete performance of n	capacity. ny duties,	. I
place designated in this certificate, further agree to comply with the pro	City gent and to accept serve I hereby accept the app ovisions of all statutes re	ice of process for the above stated limited liability co cointment as registered agent and agree to act in this elating to the proper and complete performance of n	capacity. ny duties,	. I

Page 1 of 2

(CONTINUED)

BR" = Authorized Member R" = Manager Mgr	Mark P. Kelly 6030 Printery St, Apt 105 Tampa, FL 33616	2	16 MA
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