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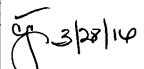
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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03/21/16--01022--008 \*\*125.00





TO: Registration Section Division of Corporations
SUBJECT: 600ch Consulting LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clarence Coock Name of Person
Cooch Consulting LLC Firm/Company
Address Landing Blud
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clarence Good at (407) 682.7782  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & 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  Clifton Building  Z661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	16 HAR 21 PH 2: 17
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	11 11 2 17
(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:	10.00
Principal Office Address: Mailing Addr	ess:
Longwood FL Longwood  32779  32779	Landing Blod.
32779	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	iividai oi
Clarence Gode L	
Florida street address (P.O. Box NOT acceptable)	'
Florida street address (P.O. Box <u>NOT</u> acceptable)	
City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabily place designated in this certificate, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relating to the proper and complete performance.	n this capacity. I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	( - 1
AMBR_	Clarence Cooch
	Clarence Goodh 2198 Springs Landing / Longwood = 32779
EV: Effective date, if other than the date of sective date is listed, the date must be specif	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
ective date is listed, the date must be specif of filing.)	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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\$ 5.00 Certificate of Status (Optional)