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(Re	equestor's Name)	
(Address)		
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(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

, <u>,</u> .	" TO:	Registration Section Division of Corporations	,*	
	SUBJE		r Consulting LLC une of Limited Liability Company	
	The enc	closed Articles of Organization and	d fee(s) are submitted for filing.	
	Please i	eturn all correspondence concerni	ng this matter to the following:	
		Kenton	Fletcher Name of Person	
		Liberator	Consulting LLL Firm/Company	
		5087 Te	rra Lake Circle	<del>_</del>
		Kentonalit	City/State and Zip Code  Serator Consulting 11 C - LO  o be used for future annual report notification)	M
	For further	er information concerning this mat	ter, please call:	
	K	exton Fletch Name of Person	Chr (214) 563-7395 Area Code Daytime Telephone Number	
	Enclose	d is a check for the following amo	unt:	
	\$125.00	Filing Fee \$130.00 Filing Certificate of S		atus &
		Mailing Address New Filing Section Division of Corporation 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

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The name of the Limited Liability Company is:

Liberator Consulting LLC

(Must end with the words "Limited Liability Company," L.C.," or "LLC."

## **ARTICLE II - Address:**

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

Principal Office Address:

5087 Terra Lake Circle 5087 Terra Lake Circle
Pensacola, FL 32507 Pensacola, FL 32507

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kenton Fletcher

5087 Terra Lake Circle

Florida street address (P.O. Box NOT acceptable)

Pensauda FL 32507

State

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person authori	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	5087 Jerra Lake Circle Densacola, FL, 32507
<u>M6R</u>	Rachel Fletcher 5087 Terra Lake Cirale
	TENSOLOW, TE ST
<del></del>	
(Use attachment if necessary)	
he date of filing.)	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	ate s rectius.
REQUIRED SIGNATURE:	11NK
This document is executed in I am aware that any false info	or of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b),
Kenton	Fletcher  ped or printed name of signee
\$125.00 Filing Fee for Articles of Organia \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent

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