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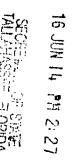
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THE PROPERTY OF

COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: AFM Consulting 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:
Arlisha McQueen
Name of Person
Firm/Company
2920 Rackley Driver
Address
Tallahassee, FL 32305
acts 2000 and good afm consulting og mail
Comaii a 'to be used for future annual report notification'
For further information concerning (5)% patter, pious call:
Ar Isha McQueen 704 953-5454
Name of Person. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional copy

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

À	DΒ	٦,	~	LE.	I	Na	m	٠.
A	KI	- 1	ι.,	L.P.	_	17.4	m	Р.

The name of the Limited Liability Company is:

(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:

Principal Office Address: 2920 Rock ley Dr Tallahassee, FL 32305 Mailing Address:

2920 Rockley Dr Tallahasseey 7232305

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:

Name

Elevido etros addresa (P.O. Pay NOTE adaptable)

Florida street address (P.O. Box NOT adceptable

City

State

Zip

Having bean finned as imported again and to accept service of process for the above stated limited liability company as the place designated in two conflicted. Thereby accept the appointment as registered agent and agree to act in the mapacity. I further agree to consider the provisions of all statutes relating to the proper and complete performance of my position going agent as provided for microscopic fits. S.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address:		•
	"AMBR" = Authorized Member "MGR" = Manager		
	Allsha McQueer AMBE 2920 Rackley Dr Jallahassee, 12 32305		
	(Use attachment if necessary)		
ARTIC	LE V: Effective date, if other than the date of filing: (OPTIONAL)	•	
If an e	LE V: Effective date, if other than the date of filing:	after	
If an e he date	ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)		
lf an e he date <u>Note:</u>	ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days		
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If an e ie date Note: lie doc	ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenent's effective date on the Department of State's records. LEVI: Other provisions, if any.		
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I f an e he date Note: he doc	ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) To the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightened at the Department of State's records. LEVI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member.	sted as	Garden Control
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I f an e he date Note: he doc	REQUIRED SIGNATURE REQUIRED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes in a mayore that any false information submitted in a document to the Department of State). Typed or printed name of signee	sted as 16 JUN 14 1971 2:	

ARTICLE IV-