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COVER LETTER

SUBJECT	Five Rivers Training and Consulting, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Christopher C Bailey
	Name of Person
	Five Rivers Training and Consulting, LLC
	Firm/Company
	222 N Cortez Dr. Circle F
	Address
	Margate, FL 33068
	City/State and Zip Code cbailey843@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further ir	formation concerning this matter, please call:
	Christopher C Bailey 843 312-7993
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125 ,00 Fi	ling Fee \$\ \tag{\$130.00 \text{ Filing Fee & Certificate of Status}} \ \tag{\$155.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \tag{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} \ \$160.00 \text{ Filing Fee, Certifi

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

	Five Rivers Trainin	g and Consulting, L	LC
(Must en	nd with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limited	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
222 N Cortez Dr C			N Cortez Dr Cir F
Margate, FL 3306	8	Marg	gate, FL 33068
			nt's Signature:
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. Von.) d agent are:	nt's Signature:
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. Von.) d agent are: opher C. Bailey	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. Von.) d agent are:	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own in active Florida registration et address of the registered Christo	Registered Agent. Von.) d agent are: opher C. Bailey	nt's Signature:
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Christo	n Registered Agent. Von.) d agent are: opher C. Bailey Name N Cortez Dr Circ F	nt's Signature: You must designate an individual or
(The Limited Liability Compa another business entity with a	et address of the registered Christo	n Registered Agent. Von.) d agent are: opher C. Bailey Name N Cortez Dr Circ F	nt's Signature: You must designate an individual or

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 gent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 JUN 28 AN 8:55

<u> Citle:</u>	Name and Address:
AMBR" = Authorized	Member
MGR" = Manager MGR	Christopher C Bailey
HOIC	222 N Cortez Dr Cir F
	Margate, FL 33068
	•
ctive date is listed, the	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90
V: Effective date, if of ctive date is listed, the filing.) the date inserted in this	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not
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V: Effective date, if o ctive date is listed, the filing.) he date inserted in this ent's effective date on VI: Other provisions,	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. f any. URE: gnature of a member or an authorized representative of a member.
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