L16000154492

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		-



700288912507

08/12/16--01019--017 **160.00



Office Use Only

Malu

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	P31 Consulting, LLC
SOBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Brooke M. Renney
	Name of Person
	P31 Consulting, LLC
	Firm/Company
	922 Golfview St.
	Address
	Orlando, Florida 32804
	City/State and Zip Code BrookeRenney@gmail.com
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
	Brooke M. Renney 863 557-6456 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125 .0	O Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

P31 Consulting, I				
(Must e	nd with the words "Limited	d Liability Company, '	'L.L.C.," or "LLC.")	
TICLE II - Address:				
mailing address and stree	et address of the principal of	office of the Limited L	iability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
922 Golfview St.		922 G	922 Golfview St.	
Orlando, Florida	32804	Orlan	do, Florida 32804	
	Agent, Registered Office, any cannot serve as its own		's S ignature: ou must designate an individual c)r
Limited Liability Comp er business entity with	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. Yo on.)		or Negative
Limited Liability Comp er business entity with	any cannot serve as its owi an active Florida registration	n Registered Agent. Yo on.) d agent are:	ou must designate an individual o	
Limited Liability Comp her business entity with	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. Yo on.)	ou must designate an individual o	SEGNINSSE NAME OF THE PROPERTY
Limited Liability Comp her business entity with	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. Yo on.) d agent are:	ou must designate an individual o	SECONDARY OF
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registere Brooke M. Renney 922 Golfview St.	n Registered Agent. Yo on.) d agent are:	ou must designate an individual o	SECONDARY OF
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registere Brooke M. Renney 922 Golfview St.	n Registered Agent. Yoon.) d agent are: Name	ou must designate an individual o	SECONDARY

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Brooke M. Renney, AMBR
	922 Gollview St.
	Orlando, Florida 32804
ective date is listed, the date must be sp	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not r	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) The date inserted in this block does not rement's effective date on the Department	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) The date inserted in this block does not rement's effective date on the Department	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) The date inserted in this block does not rement's effective date on the Department	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	meet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut	meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member at the discordance with section 605.0263 (1) (b), Florida Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal discounse of the document is executed a material and any false.	meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member attended in accordance with section 605.0203 (1) (b), Florida Stanties, it information submitted in a document to the Department of State.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal discounse of the document is executed a material and any false.	meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member at the discordance with section 605.0263 (1) (b), Florida Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal discounse of the document is executed a material and any false.	ember or an authorized representative of a member ted in accordance with section 605.0203 (1) (b), Florida Statutes in information submitted in a document to the Department of State in a provided for in \$.817.155, F.S.
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member ted in accordance with section 605.0203 (1) (b), Florida Statutes in a document to the Department of State e felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member ated in accordance with section 605.0203 (1) (b), Florida Stanties information submitted in a document to the Department of State efelony as provided for in \$.817.155, F.S.