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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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COVERLETTER

10.	Division of Corporations	
SUBJEC	Rising Phoenix Bookkeeping	Solutions LLC
SUBJEA		e of Limited Liability Company
The end	osed Articles of Organization and	ee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the following:
	Robin Earby	
•		Name of Person
	Rising Phoenix Bookkeeping S	olutions LLC
		Firm/Company
	6736 Elderberry Drave	
		Address
	New Port Richey, FL 34653	
	robinearby@gmail.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further	r information concerning this matte	r, please call:
	Robin Earby	662 707-0484
	Name of Person	Area Code Daytime Telephone Number
Enclosed	i is a check for the following amou	at:
\$125,00	Filing Fee \$130.00 Filing F Certificate of St	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Rising Phoenix Bookkee		4.31		
(Must end with	the words "Limited Lie	fbliry Company, "	L.L.C.," or "ILC.")	
RTICLE II - Address:				
he mailing address and street addre	ess of the principal office	e of the Limited L	iability Company is:	
Principal C	ffice Address:		Mailing Address:	
6736 Elderberry Drive		6736	Elderberry Drive	
New Port Richey, FL 34	4653	New I	Port Richey, FL 34653	
The Limited Liability Company can nother business entity with an activ	nnot serve as its own Report R	gistered Agent. Yo		
The Limited Liability Company can nother business entity with an activ	nnot serve as its own Report R	gistered Agent. Yo		<u>18</u> 2
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The Limited Liability Company can nother business entity with an active mame and the Florida street additional street ad	nnot serve as its own Reve Florida registration.) ress of the registered aga Melissa Nichols	gistered Agent. Yo	ou must designate an individual or	201 g 167
The Limited Liability Company can nother business entity with an active he name and the Florida street add No.	nnot serve as its own Reve Florida registration.) ress of the registered aga Melissa Nichols	gistered Agent. Yo	ou must designate an individual or	1
The Limited Liability Company can nother business entity with an active the name and the Florida street add	nnot serve as its own Reve Florida registration.) ress of the registered aga Melissa Nichols	gistered Agent. Yo	ou must designate an individual or	9
<u>-</u> -	nnot serve as its own Repve Florida registration.) ress of the registered aga Melissa Nichols N: 6736 Elderberry Drive	gistered Agent. Yo	ou must designate an individual or	4916 UCT -6 PH 12: 3

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)

Page 1 of 2

(CONTINUED)

"MGR" = Manager AMBR Robin Earby 1008 Riverview Road Sardis, MS 38666 AMBR Melissa Nichols 6736 Elderberry Drive New Port Richey, FL 34653 (Use attachment if necessary) EV: Effective date, if other than the date of filing: amusery 3, 2017 (OPHONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to a of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a member. This document is executed in accordance with sention 605.0203 (1) (b), Florida Status I am aware that any false information submitted in a document to the Department of State is provided for in s.817.155, F.S. Melissa Nichols Typed or printed name of signee Filing Feet: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing. January 1, 2017 of filing. January 1, 2017 of filing. January 1, 2017 of filing deannot be more than five business days prior to or 90 and cannot be more than five business days prior to or 90 and 50 state s records. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: