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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
INNER CIRCLE CONSULTING NORTH AMERICA, LLC**

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December 14, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: INNER CIRCLE CONSULTING NORTH AMERICA, LLC
REF: W16000083543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: W16000303712
Letter Number: 016A00026583

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNER CIRCLE CONSULTING NORTH AMERICA, LLC

(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:999 PONCE DE LEON BLVD.
SUITE 1045
CORAL GABLES, FL 33134Mailing Address:999 PONCE DE LEON BLVD.
SUITE 1045
CORAL GABLES, FL 33134

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:

RAYMOND J. ZOMERFELD, CPA

Name

999 PONCE DE LEON BLVD., SUITE 1045Florida street address (P.O. Box NOT acceptable)

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
City	State	Zip

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Name and Address:

INNER CIRCLE CONSULTING LIMITED
UNIT 3, 9 BELL YARD MEWS
LONDON, SE1 3UY

MGR

CHRISTOPHER JAMES TWIGG
FLAT 2, MALLARD HOUSE, BRIDGEMAN ST.
ST. JOHN'S WOOD, LONDON NW8 7AN

MGR

JAMIE PAUL OUNAN
FLAT 5, 7 STANDFORD MEWS
HACKNEY, LONDON E8 1JA

(Use attachment if necessary)

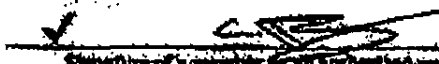
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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ARTICLE VI: Other provisions, if any.

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.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s. 17.155, F.S.

CHRISTOPHER JAMES TWIGG

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)