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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/20/16

NAME:

GWEN W MATHEWS CONSULTING, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

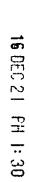
COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Gwen W Mathews Co	nsulting, LLC	
SUBJEC		Name of Limited Liability Company	
The enclo	sed Articles of Organization	on and fee(s) are submitted for filing.	
Please ret	urn all correspondence con	ncerning this matter to the following:	
	Kristi Lehman		
	**************************************	Name of Person	
	Faegre Baker Daniels		
		Firm/Company	
	600 E. 96th Street, STE	600	
		Address	
	Indianapolis, IN 46240		,
	corpindy@faegrebd.com	City/State and Zip Code	
		ess: (to be used for future annual report notification)	
For further	information concerning thi	is matter, please call:	
	Kristi Lehman	317 569-4884 at ()	
	Name of Person		
Enclosed	is a check for the following	g amount:	
\$ 125.00 F	Filing Fee \$130.00 F	te of Status — Certified Copy — Certifi (additional copy is enclosed) Certified	O Filing Fee, cate of Status & ed Copy is enclosed
	B#-495 4 # #	g	

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: GWEN W MATHEWS CONSULTING, LLC

Ref. Number: W16000084849

We have received your document for GWEN W MATHEWS CONSULTING, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00027031

please keep original date. Thanks!

www.sunbiz.org

77.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECREMANDE STATE
TALLAMASSES, FLOUDA

Gwen W Mathews Consulting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and s	treet address of the principal of	office of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
7215 S Saint P	atrick Street			
Tampa, FL 33	3616			
(The Limited Liability Co another business entity wi	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registration street address of the registere Gwendolyn W Mati	n Registered Agent. Yon.) d agent are:	You must designate an individual or	
	Gwendoryn w Mad	Name		
		7215 S Saint Patrick Street		
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)	
	. Tampa	FL_	33616	
	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..

Gwendolyn W Mathews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized		Name and Address:	
	Member		
'MGR" = Manager		G. a. Mada	
MGR		Gwen Mathews	
		7215 S Saint Patrick Street Tampa, FL 33616	
		Tampa, FE 33010	
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	the Department of S if any.	State's records.	date will n
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E VI: Other provisions, i	ifany. URE: Gwendolyn h	v Mathews	
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