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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TEFCONSULTING GROUP, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN A. FERNANDEZ Name of Person
J&F CONSULTING GROUP LLC Firm/Company
7526 SW 111 PLACE
MIAMI FL 33173
MIAMI FL 33173 City/State and Zip Code Juanal Fredo 1050@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tom A. Farum & Z at (786) 498 - 4228 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

AF	tT	ICL	Æ	I	-	Name:
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The name of the Limited Liability Company is:

Must contain 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:	Mailing Address:
7526 8W 111 Place	7,526 SW (11 Place
MIAMI, FL 83173	MIAMI, FL 33/73

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:

Ms. ALEXIS FERRO, ESQ.

Name

5001 5W 74 CT. 5f6. 103

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 331.55

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..

(egistered Agent's Signature (REQUIRED

(CONTINUED)

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SLURE IANT OF STATE
TALL APPASSED FLORIDA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Juan A. Feinander 7526 5W 111 Prace
AMBR	Anno T. Feynondez 1526 SW III PLACE MIAMI, FL 33173
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the	: (OPTIONAL) d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not be
JE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in action of the provision of the	applicable statutory filing requirements, this date will not be records. r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State

ARTICLE IV-