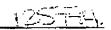
L17000/0753/ Page 1 of 2

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001340523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number: 072450003255 Phone : (305)634~3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. BACHELOR & ASSOCIATES CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/03

CORP USA

9696889908

5/16/2017 TE:91 410Z/91/50

ARTICLES OF ORGANIZATION OF Bachelor & Associates Consulting, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE NAME

The name of this limited liability company is:

Bachelor & Associates Consulting, LLC

ARTICLE PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

10235 W Sample Road Suite 205 Coral Springs, Florida 33065

ARTICLE REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:
Ingrid M Bachelor
10235 W Sample Road
Suite 205
Coral Springs, Florida 33065

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.

Ingrid M Bachelor, Registered Agent

1

9696889908 18:91 4102/91/90

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a membermanaged company. The name and address of each Manager or Managing Member is as Follows:

Ingrid M Bachelor 10235 W Sample Road	Manager
Suite 205	
Coral Springs, Florida 33065	

Andrew B Bachclor 10235 W Sample Road	Member
Suite 205	
Coral Springs, Florida 33065	

Byron B Bachelor	Member
10235 W Sample Road	
Suite 205	
Coral Springs, Florida 33065	
Christina E Bachelor	Member

10285 W Sample Road	
Suite 205	
Coral Springs, Florida 33065	
Brian C Bachelor	Member

Brian C Bachelor	
10235 W Sample Road	
Suite 205	
Coral Springs, Florida 33065	

find in Beulela

Authorized Representative of the Member (In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under populties of perjury that the facts stated herein arc erue.)