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(Re	equestor's Name)	
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COVER LETTER

CHD IECT.	Crayton Consulting, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
	rn all correspondence concerning this matter to the following:
	Richard S Crayton
	Name of Person
	Crayton Consulting, LLC
	Firm/Company
	5119 55th Street Cir W
	Address
	Bradenton, FL 34210
(City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Richard S Crayton 757 705-8259
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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

ARTICLE I - Name

The name of the Limited Liability Company is:

Crayton Consulting, LLC

(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:

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Princi	Dai VI	nce A	ddress:

Mailing Address:

5119 55th Street Cir W	5119 55th Street Cir W
Bradenton, FL 34210	Bradenton, FL 34210

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:

Richard S Crayton		
	Name	
5119 55th Street Cir	W	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Bradenton	FL	34210
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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR Wanager	Richard S Crayton
	5119 55th Street Cir W
	Bradenton, FL 34210
MGR	Joyce B Crayton
	5119 55th Street Cir W
	Bradenton, FL 34210
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Department.	the date of filing:
CLEV: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	est be specific and cannot be more than five business days prior to or 90 days a est not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
CLE V: Effective date, if other than effective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department is a second of the Department is decument in the Department is decument in the Department in the Department is decument in the Department	st be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on th	es not meet the applicable statutory filing requirements, this date will not be list artment of State's records. of a member or an authorized representative of a member, as executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State did degree felony as provided for in s.817.155. F.S.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)