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COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT	MORALES CONSULTING & SOI	UTIONS LLC
SUBJECT		imited Liability Company
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retu	rn all correspondence concerning this r	natter to the following:
	SABRINA ARIZA	
		Name of Person
	MIDDLETON & MIDDLETON, P.A	Α.
		Firm/Company
	1469 MARKET ST	
		Address
	TALLAHASSEE, FL 32312	
,	SABRINA@FIGHTINGFORALL.CO	City/State and Zip Code
_		ed for future annual report notification)
For further in	nformation concerning this matter, plea	ise call:
	ADRIAN MIDDLETONat (850 728 2465
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
√ \$125.00 Fi	ling Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 7661 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:	
MORALES CONSULTING & SOLUTIONS LL	C
(Must contain the words "Limited Liab	ility 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:
PO BOX 22696	<u>SAME</u>
MEMPHIS, TN 38122	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	nt are:
MIDDLETON & MIDDL	LETON, P.A.
Na	me

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 us provided for in Chapter 605, F.S..

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

FL

State

1469 MARKET ST

TALLAHASSEE

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

MGR MAYRA LIZETH MORALES PO BOX 22696 MEMPHIS, TN 38122 Use attachment if necessary) E.V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorize	ed Member	Name and Address:
Use attachment if necessary) E.V: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. E.VI: Other provisions, if any. D. ALL LAWFUL BUSINESS 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.817.155, F.S. SABRINA ARIZA Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	"MGR" = Manager		AAAAMAA JAMMAAAAAAAAAAAAAAAAAAAAAAAAAAA
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