

L1800058994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

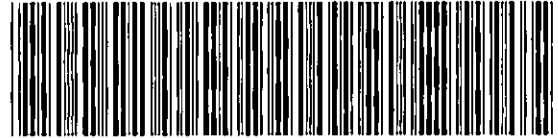
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**CORPORATE
ACCESS,
INC.**

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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xx **CERTIFIED COPY**

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1. John Remudo Consulting LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

**Articles of Organization
For
John Remudo Consulting LLC**
Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is John Remudo Consulting LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

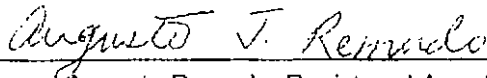
9212 Mill Circle
Tampa, FL 33647

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Augusto Remudo
9212 Mill Circle
Tampa, FL 33647

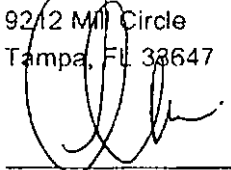
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Augusto Remudo, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Augusto Remudo
9212 Mill Circle
Tampa, FL 33647


Carri Brown, Organizer

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