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SECRETARY OF STATE VLLAHASSEE, FLORIDA

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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	T: Andrew J. L	angowski Consulting, LLC
	Name of I	Limited Liability Company
The anala	used Articles of Organization and fee(s)	are submitted for Glins
	_	
Please re	turn all correspondence concerning this	matter to the following:
	Andrew J. Langowski	
		Name of Person
	Andrew J. Langowski Consulting, L	I.C
		Firm/Company
	1414 SW 147th Terrace	
		Address
	Pembroke Pines F1, 33027	
	langowskia@comcast.net	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	Andrew J. Langowski at	240 917-4 0 02
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount;	
\$125.00	Filing Fee \$\frac{130.00}{2}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. 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 Tallahas.see; FJ, 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Andrew J. Langowski Consulting, LLC	
(Must contain the words "Limited Liabili	ty Company, "LL.C" or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Licibility Company is:
Principal Office Address:	Mailing Address:
1414 SW 147th Terrace	1414 SW 147th Terrace
Pembroke Pines FL 33027	Pembroke Pines FL 33027
ADDICE DATE Designed Asset Designed Approx	
ARTICLE III - Registered Agent, Registered Office, & Reg	
(The Limited Liability Company cannot serve as its own Regis	tered 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:
Judith Langowski	

1414 SW 147th Terrace Florida street address (P.O. Box <u>NOT</u> acceptable)

Name

Pembroke Pines FL 33027
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 this samoes 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)

AUG 13 AM 6

FILED

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MER" = Manager			
AMBR	Andrew J. Langowski 1414 SW 147th Terrace		
	Pembroke Pine's FL 33027		
	Telliototte Tille 3 T to 55027		
			
(Use attachment if necessary)	September 5th 2018		
	of filing: September Stn 3848 (OTTONAL)		
	ecific and cannot be more than five business days prior to or 90 days a		
te of filing.) If the data inverted in this block door not n	neet the applicable statutory filing requirements, this date will not be liste		
cument's effective date on the Department	,,		
•			
CLE VI: Other provisions, if any.			
•			

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 follows as provided for in \$.817.155, F.S.

Andrew J. Langowski

Typed or printed name of signee

Filing Fees:

\$125.90 Filling Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE