L1800233958

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

M MOON OCT 0 5 2018



000319006730

18 OCT -4 PN 4:18

0CT-4 Ail 9:44

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 425068 AUTHORIZATION : COST LIMIT : ORDER DATE: October 4, 2018 ORDER TIME : 3:24 PM ORDER NO. : 425068-005 CUSTOMER NO: 4309487 DOMESTIC FILING NAME: 81 CONSULTING GROUP LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	lew Filing Section Division of Corporations			
SUBJEC"	81 Consulting Group LLC			
SOBJEC		of Limited Liab	ility Company	
The enclo	sed Articles of Organization and feet	(s) are submitte	ed for filing.	
Picase reti	urn all correspondence concerning th	is matter to the	: following:	
	Kathy Sacheli			
		Name (of Person	
	Day Pitney LLP			
		Firm/C	Company	
	One Canterbury Green			
		Ade	dress	19 6
	Stamford, CT 06901			18 OCT -4
	ksacheli@daypitney.com	City/State	and Zip Code	70'
		used for future	annual report notification)	
For further	information concerning this matter, p	please call:		
	Kathy Sacheli	203 at (977-7308	
	Name of Person	Area Code	Daytime Telephone Number	•
Enclosed	is a check for the following amount:			
]\$ 125.00 I	Filing Fee \$130.00 Filing Fee Certificate of State	ıs L—Certi	onal copy is enclosed) Ccrtified (e of Status &
	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 HLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
- 81 Consulting Gr (Must c	oup LLC	Liability Company, "	L.L.C.," or "LLC."	
ARTICLE II - Address:			•	
The mailing address and stre	ct address of the principal o	office of the Limited I	Liability Company is Mailing A	
831 Country Clul North Palm Beac	b Drive		Country Club Drive Palm Beach, FL 33	
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its owr an active Florida registration	n Registered Agent. Y on.)	t's Signature: ou must designate a	n individual or
	Corporation Service	Company		_
		Name		-
	1201 Hays Street			_
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)	
	Tallahassee	Florida	32301	_
	City	State	Zip	
laving been named as register lace designated in this certific urther agree to comply with th m familiar with and accept th	cate, I hereby accept the app to provisions of all statutes r e obligations of my position	oointment as registered relating to the proper o	d agent and agree to and complete perfort s provided for in Cha	act in this capacity. I nance of my duties, and I
		(CONTINUED)		
				•-

18 0CT -6 AH 9:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jacques Bories
	831 Country Club Drive
•	North Palm Beach, FL 33408
	·
 _	
	•
	
	·
(Use attachment if necessary)	
ective date is listed, the date mu of Ming.) the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not
ective date is listed, the date mu of filing.) 'the date inserted in this block do ment's effective date on the Depr	st be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
ective date is listed, the date mu of Ming.) the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
ective date is listed, the date mu of filing.) 'the date inserted in this block do ment's effective date on the Depr	st be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
ective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Deprese VI: Other provisions, if any. REQUIRED SIGNATURE	st be specific and cannot be more than five business days prior to or 90 ses not meet the applicable statutory filing requirements, this date will not artment of State's records.
ective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Deprese VI: Other provisions, if any. REQUIRED SIGNATURE Signature	es not meet the applicable statutory filing requirements, this date will not artment of State's records.
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Department's effective date on the Department of the date of the da	es not meet the applicable statutory filing requirements, this date will not artment of State's records. of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes.
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that	es not meet the applicable statutory filing requirements, this date will not artment of State's records.
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thir	es not meet the applicable statutory filing requirements, this date will not 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 of degree fetony as provided for in s.817.155, F.S.
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that	es not meet the applicable statutory filing requirements, this date will not 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 of degree felony as provided for in s.817.155, F.S.
retive date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that constitutes a thir B. Dane	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees:
retive date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that constitutes a thir B. Dane	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees:
setive date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that constitutes a thir B. Dane \$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt	of a member or an anthorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees: as of Organization and Designation of Registered Agent ional)
rective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that constitutes a thir B. Dane \$125.00 Filing Fee for Article	of a member or an anthorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees: as of Organization and Designation of Registered Agent ional)
setive date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depi E VI: Other provisions, if any. REOUIRED SIGNATURE Signature This document I am aware that constitutes a thir B. Dane \$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees: s of Organization and Designation of Registered Agent ional)
Signature This document I am aware that constitutes a thir B. Dane \$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees: as of Organization and Designation of Registered Agent ional)
tive date is listed, the date mu filting.) the date inserted in this block doesnt's effective date on the Department of	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Dudley Typed or printed name of signee Filing Fees: 23 of Organization and Designation of Registered Agent ional)

ARTICLE IV-