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## COVER LETTER

	lew Filing Section Division of Corporations					
SUBJECT	Elise-Alan Consulting Group, L	LC				
SC Barte		Limited Liabil	lity Company			
The enclos	ed Articles of Organization and feets	are submitted	I for filing.			
Please retu	m all correspondence concerning this	matter to the	following:			
	Terry R. Kroggel					
		Name of	Person			
	Kroggel & Ayers, LLC					
	Firm/Company					
	3802 Ehrlich Rd., Suite 206					
		Addr	ess			
	Tampa, FL 33624					
	Terry@Kroggel-CPA.Com	City/State an	d Zip Code			
·	E-mail address: (to be us	sed for future a	nnual report notification)			
For further i	nformation concerning this matter, ple	ease call:				
	Terry R. Kroggel	813	570-7205			
	Name of Person		Daytime Telephone Number			
Enclosed is	a check for the following amount:					
\$125.00 F	ling Fee S130.00 Filing Fee & Certificate of Status	L—]Certifi	00 Filing Fee & \$160.00 Filing Fee. ced Copy Certificate of Status & 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 2061 Executive Center Circle Tallahassee, FL 32301			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
CLE II - Address:		
saifing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address	
631 Straw Lake Dr	631 Straw Lake Dr.	
Brandon FL 33510	Brandon FL 33510	

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

Terry R. Krogget		
	Name	
3802 Ehrlich Rd., Suite	206	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	(ceptable)
Tampa	FL	33624
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. Thereby 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.

(CONTINUED)

Rygistered Agent's Signature (

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Same and Address: **Title:** "AMBR" # Authorized Member "MGR" - Manager Donald A. Babinsky MGR 631 Straw Lake Dr. Brandon, FL 33510 **AMBR** Kristinne E. Babinsky 631 Straw Lake Dr Brandon, FL 33510 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, 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.

Stinne E. Babinsky Typed or printed name of signee

### Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)