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Account Name : FL PATEL LAW PLLC  
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Phone : (727)279-5037  
Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: marybrady6@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
Optimal Consulting Services LLC**

|                       |          |
|-----------------------|----------|
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**Articles Of Organization  
For  
Optimal Consulting Service LLC  
A  
Florida Limited Liability Company**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Optimal Consulting Service LLC (the Company).

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Company is 10707 Plantation Bay Drive, Tampa, Florida 33647.

**ARTICLE III**

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Mary Brady  
10707 Plantation Bay Drive  
Tampa, Florida 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 as provided for in Chapter 605, F.S.*

Mary I. Brady (sign)

**(CONTINUED)**

**ARTICLE IV:**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>                                      | <u>Name and Address</u>                                 |
|---|---|
| <b>AMBR = Authorized Member<br/>MGR = Manager</b> |   |
| <u>Authorized Member</u>                          | Mary Brady<br>10707 Plantation Bay Drive, Florida 33647 |

**ARTICLE IV:**

The Effective date shall be the date of filing.

Mary I. Brady (sign)

**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.

Mary Brady  
Authorized Representative/Member