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COVER LETTER

	FAVORS IT CONSULTING, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	FOSTER LOVETT
	Name of Person
	LOVETT & COMPANY CPA PA
	Firm/Company
	1407 TAMPA PARK PLAZA STREET
	Address
	TAMPA FLORIDA 33605
	City/State and Zip Code
<u>1</u>	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	foster lovett 813 234-3360
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
S125.00 Fi	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAVORS IT CONSULTING, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
124 FALLING WATER DRIVE	124 FALLING WATER DRIVE
BRANDON FLORIDA 33511	BRANDON FLORIDA 33511

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

(The Limited Liability Company cannot serve as its own Registered 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:

	Name	
124 FALLING WAT	TER DRIVE	
Florida street addres	ss (P.O. Box NOT acce	ptable)
BRANDON	FLORIDA	33511
		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 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Tit</u> "A:	<mark>le:</mark> MBR" = Authorized Mei	mber	Name and Address:	
"MGR" = Manager AMBR			RAY FAVORS 124 FALLING WATER DRIVE BRANDON FLORIDA 33511	
			SECRET	2015 AUG
_			3. A. C.	26 Aft
				9: 03
ARTICLE V (If an effecti the date of fi	ling.)	than the date of filing: e must be specific and	d cannot be more than five business days prior to or 90 da	
the documents	date inserted in this bloom is a feetive date on the T: Other provisions, if an R SYSTEM CONSULTI	Department of State's	applicable statutory filing requirements, this date will not be s records.	: listed as
RE	OURED SIGNATUR	E:Roy	Four	<u></u>
	This docum I am aware	nent is executed in acceptant any false information.	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	

RAY FAVORS

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)