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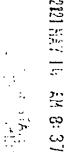
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COVER LETTER

	New Filing Sec Division of Co						
SUBJEC		ulting LLC					
SUBJEC	1	Name of Li	mited Liabi	lity Company			
The enclo	sed Articles of	Organization and fee(s) a	re submitte	d for tiling.			
Please ret	urn all correspo	ondence concerning this m	atter to the	following:			
	Charlene Mo	zeks					
			Name o	f Person			_
	Business Av	riation Law Group PLLC					
			Firm/Co	ompany			_
	601 Heritago	e Drive, Ste 409					
			Add	ress			- 13
	Jupiter, FL 3	3458					XYH 1843
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	bo.jacobson@	gyanoo.com E-mail address: (to be used	4 Co = 6.4			· .	
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For further	information co	ncerning this matter, pleas	e call:				с : 3-
	Charlene Med		88	661-3223		• ′	~'
	Nam	e of Person /	Area Code	Daytime Telephon	e Number		
Enclosed	is a check for th	he following amount:					
		□\$130.00 Filing Fee & Certificate of Status	Certif	i5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 I Certificate of Certified Co (additional co	of Status a	&
	New F. Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	issee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LCE Consulting LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12117 Plantation Way, Palm Beach Gardens	12117 Plantation Way, Palm Beach Gardens
FL 33418-1570	FL 33418-1570

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:

Stanley A. Jacobson		
	Vame	
12117 Plantation Way		
Florida street address (P.O. Box <u>NOT</u> a	rceptable)
Palm Beach Gardens	FL	33418-1570
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 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..

Stanley L. Jacobson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2821 MAY 14 AM 8:37

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Men "MGR" = Manager	ider	
MGR	Stanley A. Jacobson	
MOR	12117 Plantation Way, Palm Beach Gardens, FL 33418-1570	<u> </u>
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(Use attachment if necessary)	
the document's effective date on the I		be listed as
ARTICLE VI: Other provisions, if any		
REQUIRED SIGNATURE	DocuSigned by:	
<u> </u>	1	
	Stanley A. Jacobson	
This docume I am aware th	ure of a member or an authorized representative of a member, ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
Stanla	ev A. Jacobson	
Stanie	Typed or printed name of signee	29
		<u> 19</u>
	Filing Fees:	2721 MAY 14
\$125.00 Filing Fee for Art \$ 30.00 Certified Copy (C	ticles of Organization and Designation of Registered Agent	<u>~</u>
\$ 5.00 Certificate of Stat		T:- ,
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