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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BACHELOR AND ASSOCIATES, INC.
Account Number : I20000000120
Phone : (954)421-3319-**(954) 752-2758**
Fax Number : (954)752-4183

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

Email Address: Ingrid@bachelorandassociates.com

FLORIDA LIMITED LIABILITY CO.

Bryan Farr & Hall PLLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION

for

Bryan Farr & Hall, P.L.L.C.

A Florida Professional Limited Liability Company

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a Professional Limited Liability Company (The Limited Liability Company) under the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of this limited liability company is:

Bryan Farr & Hall, P.L.L.C.

ARTICLE II

PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

1451 W Cypress Creek Road
Suite 300
Fort Lauderdale, Florida 33309

ARTICLE III

DURATION AND AREAS OF PRACTICE

The period of duration for the Limited Liability Company shall be perpetual. The Limited Company is organized to provide legal services.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Althea Bryan Farr
1451 W Cypress Creek Road
Suite 300
Fort Lauderdale, Florida 33309

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.

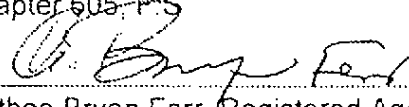
Prepared By: Ingrid N Bachelor CPA
License No: AC-0638100
Address: 16205 W Sample Road
Suite 200
Fort Springs, Florida 33309
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I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Althea Bryan Farr, Registered Agent

ARTICLE V MANAGEMENT

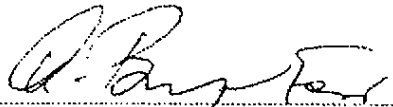
The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Follows:

Althea Bryan Farr
1451 W Cypress Creek Road
Suite 300
Fort Lauderdale, Florida 33309

Manager

Keisha Hall
1451 W Cypress Creek Road
Suite 300
Fort Lauderdale, Florida 33309

Manager


Althea Bryan Farr, Authorized Representative
of the Member

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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.)

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