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(Req	uestor's Name)
(Add	ress)
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COVER LETTER

	ew Filing Sec ivision of Cor					
SUBJECT	Lauria Bru	gger Consulting				
SUBJECT	Name of Limited Liability Company					
The enclos	ed Articles of	Organization and fee(s)	are submitte	d for filing.		
Please retu	rn all correspo	ondence concerning this	matter to the	following:		
	Orlando Lau	ria-Brugger				
			Name e	f Person		
			Firm/C	ompany		
	161 Coral W	ay E				
			Add	ress		
	Indialantic, F	FL 32903				
	bruorl@icloud	1 com	City/State a	nd Zip Code		
		E-mail address: (to be us	ed for future	annual report notificati	ion)	
For further i	nformation co	ncerning this matter, ple	ase call:			
	Orlando Laur		754	802-8834		
	Nam	ic of Person	Area Code	Daytime Telephon	e Number	
Enclosed i	s a check for f	he following amount:				
	Filing Fee	□S130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Division P.O. B	ng Address illing Section on of Corporations tox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assec et. Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Lauria Brugger Cons (Must cont	ulting LLC ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a		, , ,		
Princip	al Office Address:		Mailing Add	ress:
161 Coral Wav E Indialantic, FL 32903		same	·	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agent. \ on.) d agent are:	You must designate an ii	23 JUN -5 CRETAR) ALLAHA
		Name		PH 2: 38 (OF STARE SSEE, FL
	161 Coral Way E			SIS
	Florida street address (P.O. Box <u>NOT</u> acceptable)		1 12 23 23 25	
	Indialantic	FL	32903	
	City	State	Zip	
laving been named as registered a lace designated in this certificate, orther agree to comply with the pr	I hereby accept the apporting of all statutes re	ointment as registered clating to the proper o	d agent and agree to act	in this capacity. I ce of my duties, and I

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" ≅ Manager	
<u>MGR</u>	Orlando Lauria-Brugger
	22
	>>
	——————————————————————————————————————
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(Use attachment if necessary)	
(If an effective date is listed, the date must be space the date of filing.)	e of filing: 05/31/23
·	tor state a records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
~ /·	//////
Eignature of a m	ember or an authorized representative of a member.
This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	e information submitted in a document to the Department of State
constitutes a third degre	e felony as provided for in s.817.155, F.S.
Orlando Lauria l	Brugger
Origino Lauria	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)