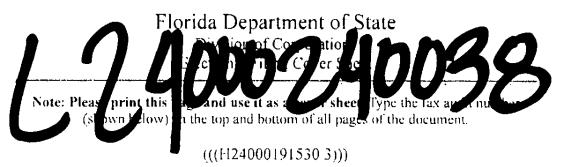
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Division of Corporations





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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 : (800)906-9220 Phone Fax Number : (800)906-9880

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. SD Consulting FL, LLC

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To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Lis	ability Company is:		
	SD Cons	ulting FL, LLC	
(Must	contain the words "Limited		ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Lim	ited Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
800 S. Ocean BI	vd, LPH1	8	800 S. Ocean Blvd, LPH1
Boca Raton FL.	33432		Boca Raton FL 33432
The name and the Florida st	Steve Salem	Nina	
	800 S. Ocean Blvd.	LPIII	
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)
	Boca Raton	FL	33432
	Ç∳v	State	Zip
place designated in this certifi further agree to comply with t	cate, I hereby accept the app he provisions of all statutes in he obligations of my position	pointment as regi relating to the pro as registered ago	r the above stated limited liability company at the stered agent and agree to act in Fis expacity. I oper and complete performance Amy duties, and ent as provided for in Tupts 605, IS
		<u>Steve Saler</u> tered Agent's Sir	mature (AΞΦ/IAΞL)
	No.	(CONTINUE	

TIVISIAN TARY OF STATE

as

ARTICLE IV	-
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The name and address of each person authorized to manage and control the Limited Liability Company;

<u>Title:</u> "AMBR" = 7 "MGR" = M:	Authorized Member	Name and Address:
AMBR		Steve Salem 800 S. Ocean Blvd, LPH Boca Raton FL 33432
<u>AMBR</u>		David Sorblum 1000 S. Ocean Blvd. APT 5C Pompano Beach, FL 33062
	<del></del>	
	ent if necessary)	ha day of filing
LEV: Effective flective date is a of filing.) If the date inserument's effecti	re date, if other than the listed, the date must	he date of filing:
LEV: Effective date is a of filing.) If the date inserument's effective there	re date, if other than the listed, the date must reed in this block does ive date on the Department or ovisions, if any.	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
TLEV: Effective flate is e of filing.) If the date inserument's effective flate inserument's effective flate in the flate	re date, if other than the listed, the date must reed in this block does ive date on the Departure.	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be rement of State's records.
TLEV: Effective flate is e of filing.) If the date inserument's effective flate inserument's effective flate in the flate	re date, if other than the listed, the date must reed in this block does ive date on the Departure of this document is Lam aware that ar	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)