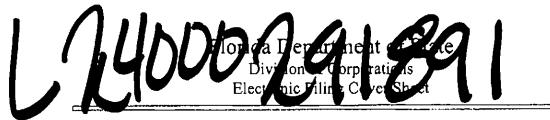
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exi



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:		
		Division of Corporations	
		Fax Number : (850)617-6381	
	From:		
		Account Name : SAXON GILMORE & CARRAWAY, P.A.	
•	돌살면	Account Number : I20180000023	
∴		Phone : (813)314-4551	
••	3545	Fax Number : (813)314-4555	
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-	'¦!##Enter 1	the email address for this business entity to be used for future	
28	· anni	ual report mailings. Enter only one email address please.**	
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24 JUN	Fmail A	ddress:FLCORP@SAXONGILMORE.COM	

# FLORIDA LIMITED LIABILITY CO. WHOLE CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE

(((H24000223108 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Linbility Company is:

WHOLE CONSULTING, LLC

(Must comain 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:

620 E. TWIGGS STREET	620 W. TWIGGS STREET
SUITE 201	SUITE 201
TAMPA, FL 33602	TAMPA, FL 33602

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:

BERNICE S. SAXON, ESQ.

Name

201 E. KENNEDY BOULEVARD, SUITE 600

Florida street address (P.O. Box NOT acceptable)

TAMPA PL 33602

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 at ligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

NAISTER AND STANTIONS

(((H24000223108 3)))

"MOR" = Manager	Name and Address;		
MGR	TIMOTHY / BELCHER 620 E. TWIGGS STREET, SUITE 20) TAMPA, FL 33602		
(Use attachment if necessary)			
n effective date is listed, the date must l date of filing.)	edate of filing		
FICLE VI: Other provisions, if any. Y AND ALL LAWFUL BUSINESS	<del></del>		
REQUIRED SIGNATURE:			

TIMOTHY J. BELCHER, SOLE MEMBER AND MANAGER
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)