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SECRETARY STATES FALLAHASSEE, FLORIDA

B. BOSTICK
SEP 0 4 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

Consilium GP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:		
Paul C. Dunn		
Name of Person		
Pepper Hamilton LLP		
Firm/Company		
3000 Two Logan Square		
Address		
Philadelphia, PA 19103	FAL SE	20113
City/State and Zip Code	ĈŔ LA	S
mberry@consimllc.com		SEP
E-mail address: (to be used for future annual report notification)	SSE (XX)	ပ်
For further information concerning this matter, please call:	[11]	0
Paul C. Dunn 215 981-4864	FLOR	Ph 4:
Name of Person Area Code & Daytime Telephone Nur	nber 🖵 🥅	23.
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate Copy is enclosed)	00 Filing Feicate of Statied Copy	us &

Mailing Address

Registration Section Division of Corporations P.Q. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Consilium GP LLC .		_
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability C	Company is:
		. ,
Principal Office Address:	Mailing Address:	
3101 N. Federal Highway, Suite 502	3101 N. Federal Highway, Sulte 502	
Ft. Lauderdale, FL 33306	Ft. Lauderdale, FL 33306	• -
		-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the registration.	ored Agent. You must designate an individual or an	
The name and the Florida street address of the re		
Consillum Investment Manage	ment LLC	-1 [7]
Name	SS	\$ 人。 [m
3101 N. Federal Highway, Suit	e 502	
Florida street add	ress (P.O. Box NOT acceptable)	
Ft. Lauderdale	ress (P.O. Box NOT acceptable) FL 33306 te, and Zip	
City Sto		
, City, Sia	te, and Zip	្ត

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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Consilium Investment Management LLC	
	3101 N. Federal Highway, Suite 502	
	Ft. Lauderdale, FL 33306	
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Use attachment if necessary)		
	te date of filing; (OPTIO	

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the 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.)

Charles T. Casse III

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)