

L15000137558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

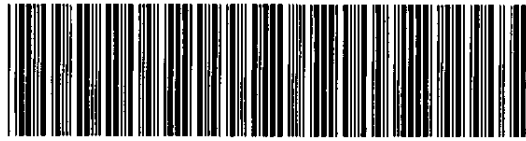
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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August 6, 2015

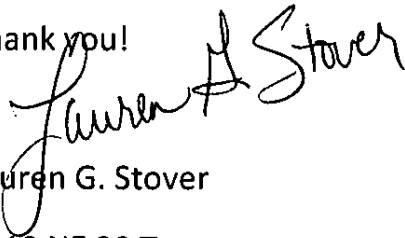
Articles of Organization Cover Letter

To whom it may concern,

Enclosed please find the articles of organization for an LLC. Entitled "Themis Consulting

Group, LLC." Included is a check for \$160.

Thank you!

A handwritten signature in black ink that reads "Lauren G. Stover". The signature is written in a cursive style with a large initial "L".

Lauren G. Stover

6310 NE 20 Terrace

Ft. Lauderdale, FL. 33308-1319

Phone: 954-478-2081

Email: laurenstover@ymail.com

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Themis Consulting Group  
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:

Lauren G. Stover  
Name of Person

Themis Consulting Group  
Firm/Company

6310 NE 20 Terr.  
Address

FT. Lauderdale, FL. 33308  
City/State and Zip Code

laurenstover@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Stover at ( 954 ) 478-2081  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing 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:

Themis Consulting Group, LLC.

(Must end with 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:

6310 NE 20 Terr.

6310 NE 20 Terr.

FT. LAUDERDALE, FL. 33308-1319

FT. LAUDERDALE, FL. 33308-1319

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:

LAUREN G. STOVER

Name

6310 NE 20 Terr.

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

FT. LAUDERDALE, FL. 33308-1319

City

State

Zip

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 605, F.S.

Lauren G. Stover

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR → President / Director

**Name and Address:**

Lauren G. Stover  
6310 NE 20 Terrace  
FT. LAUDERDALE, FL. 33308-1319

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Lauren G. Stover

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

LAUREN G. STOVER

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)

AUG 10 PM 4: 32  
 SECRETARY OF STATE  
 TREASURER OF STATE  
 DEPARTMENT OF STATE