## L1500019886

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
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| (Cit                    | ry/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| <u>.</u> (Do            | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    | ,         |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: ASSOULT & Pepar Consulting, U.C. 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:  |
| Shari Leigh Grunspan   |
| Name of Person   |
|  |
| Firm/Company   |
| 120 NIGHTANK AVE.  |
| Plantation fr 33324  City/State and Zip Code  Shari @ assauth pepper. (om  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Shari Grunspan at (954) 309-0775  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                       |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Ā | RT | 1C1 | LE | i - | Na | me: |
|---|----|-----|----|-----|----|-----|
|   |    |     |    |     |    |     |

The name of the Limited Liability Company is:

ASSOUTE PEPPER CONSULTING, LLC.

(Must end with the words "Librited 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:

120 NGN-HOWK AVE

DICARCHION FL 33324

Mailing Address:
120 NIGNANGWY AVC
PROVIDENCE 33324

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:

<u> Dhari Grunspa</u>

O NIGHTHAUL AVE

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

Mantation te

3532°

City State

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 NOV 23 PH 3: 08 SECRETARY DE STATE

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  |
|--|--|
| MGR  | Shari Grunsdan<br>120 NAVAMONE AVE<br>Plantotion, EL 33324   |
|  |  |
|  |  |
| Use attachment if necessary)   |  |
| EV: Effective date, if other than the date tive date is listed, the date must be so filling.) The date inserted in this block does not   | te of filing: NORMOR 19, 2015 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the date ctive date is listed, the date must be set filing.) the date inserted in this block does not ment's effective date on the Department.   | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not  |
| EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.   | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not  |
| ctive date is listed, the date must be set filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a real This document is exectly am aware that any fall. | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not  |

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)