L16000004525

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>. </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		





800280207438

12/30/15--01009--015 **130.00

EFFECTIVE DATE

2015 DEC 30 PH 1: 56

JAN 1 2 T BROWN

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	SDU Consulting, LLC			
SOBOLE		Limited Liabili	ty Company	
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.	
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:	
	Sue Davies Ulrey			
		Name of	Person	
	SDU Consulting, LLC			
	-	Firm/Co	npany	
	1608 Hampton Court			
		Addre	ess	· · · · · · · · · · · · · · · · · · ·
	Safety Harbor, Florida, 34695			
	sduconsulting@yahoo.com	City/State and	l Zip Code	
	E-mail address: (to be us	sed for future a	nnual report notificat	ion)
For further	information concerning this matter, ple	ease call:	•	
	Sue Ulrey	317	501 5321	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for the following amount:			
]\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	L-Certific	0 Filing Fee & ed Copy el 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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	er Circle

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITEE	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	y Company is:		4	OIS DEC 30
SDUconsulting, LLC			TALL	CASTAN DEC 30 PH 1: 56
(Must end v	with the words "Limited	l Liability Company	y, "L.L.C" or "LLC.")	Et Du Sign
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:	* 0. */O.;
Princip	al Office Address:		Mailing Address:	
1608 Hampton Court		160	8 Hampton Court	EFFECTIVE DATE
Safety Harbor			ety Harbor	$ \psi$
Florida 34695			ida 34695	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent. on.)		dual or
	Sue Ulrey			
		Name		
	1608 Hampton Cour	t		
	Florida street addres	s (P.O. Box NOT a	cceptable)	
	Safety Harbor	FL	3469	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further garge to comply with the pro-	I hereby accept the app	ointment as register	red agent and agree to act in th	nis 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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Sue Ulrey
AMBR - Authorized Member	1608 Hampton Court
	Safety Harbor, Florida, 34695
(Use attachment if necessary)	
EV: Effective date, if other than the date of filing ctive date is listed, the date must be specific an filing.) the date inserted in this block does not meet the	g: January 1, 2016 . (OPTIONAL) and cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will not be records.
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State	applicable statutory filing requirements, this date will n
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State	applicable statutory filing requirements, this date will not be records.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be records.
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any.	ad cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will not be records.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be records.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member o	applicable statutory filing requirements, this date will now some seconds. Device ULTY r an authorized representative of a member.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in active date on active date on active date.	applicable statutory filing requirements, this date will now some seconds. Device ULTY r an authorized representative of a member.
EV: Effective date, if other than the date of filing octive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in action and am aware that any false inform	applicable statutory filing requirements, this date will now be records. Device ULTY r an authorized representative of a member. scordance with section 605.0203 (1) (b), Florida Statutes ation submitted in a document to the Department of State
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform	applicable statutory filing requirements, this date will now some seconds. Device ULTY r an authorized representative of a member.
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in an aware that any false inform constitutes a third degree felony. Susan Davies Ulrey	applicable statutory filing requirements, this date will now applicable statutory filing requirements, this date will now a records. The applicable statutory filing requirements, this date will now a records. The applicable statutory filing requirements, this date will now a records. The applicable statutory filing requirements, this date will now a records. The applicable statutory filing requirements, this date will now a record of the statutory filing requirements, this date will now a record of the statutory filing requirements, this date will now applicable statutory filing requirements of a member. The applicable statutory filing requirements of a member
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) The date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in an I am aware that any false inform constitutes a third degree felony. Susan Davies Ulrey	applicable statutory filing requirements, this date will now be records. Device ULTY r an authorized representative of a member. scordance with section 605.0203 (1) (b), Florida Statutes ation submitted in a document to the Department of State
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in an aware that any false inform constitutes a third degree felony. Susan Davies Ulrey	applicable statutory filing requirements, this date will now be records. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements, this date will now be recorded. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements and the applicable statutory filing requirements. The applicable statutory filing requirements are applicable statutory filing requirements. The applicable statutor
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Susan Davies Ulrey Typed	applicable statutory filing requirements, this date will now be records. The anauthorized representative of a member and authorized representative of a member at a member at a submitted in a document to the Department of State as provided for in s.817.155, F.S. The printed name of signee and the printed name of signee are signed.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in an I am aware that any false inform constitutes a third degree felony. Susan Davies Ulrey	applicable statutory filing requirements, this date will now be records. The anauthorized representative of a member and authorized representative of a member at a member at a submitted in a document to the Department of State as provided for in s.817.155, F.S. The printed name of signee and the printed name of signee are signed.
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Susan Davies Ulrey Typed	applicable statutory filing requirements, this date will now be records. The anauthorized representative of a member and authorized representative of a member at a member at a submitted in a document to the Department of State as provided for in s.817.155, F.S. The printed name of signee and the printed name of signee are signed.
CV: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the nent's effective date on the Department of State EVI: Other provisions, if any. Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Susan Davies Ulrey Typed	applicable statutory filing requirements, this date will now be records. The anauthorized representative of a member and authorized representative of a member at a member at a submitted in a document to the Department of State as provided for in s.817.155, F.S. The printed name of signee and the printed name of signee are signed.

as

ARTICLE IV-