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EXAMINER

DIVISION OF CURPENALD

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ON

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: En Review Consulting, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Apthorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Sharyn C. La Combe (Name of Person)
En Review Consulting, UC (Firm/Company)
6637 Waverly Park (Address)
Morrow, OH 45152 (City/State and Zip Code)
For further information concerning this matter, please call:
Sharyn C. LaCombe at (513) 899-9430 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumset \frac{1}{5}\frac{125.00}{25.00}\$ \text{ Filing Fee } \sumset \frac{1}{5}\frac{130.00}{5}\$ \text{ Filing Fee } & \sumset \frac{1}{5}\frac{155.00}{5}\$ \text{ Filing Fee } & \sumset \frac{1}{5}\frac{160.00}{6}\$ \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{ of Status & Certified Copy } \text{ of Status & Certified Copy } \text{ of Status } \text{ Certified Copy } \text{ of Status }

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	(Name of Foreign Limited Liability Company,) must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
consen	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and att of the managers or managing members adopting the alternate name. The alternate name must includ any," "L.L.C.," "LLC.")	ach a copy of the written ie "Limited Liability
2	Ohio isdiction under the law of which foreign limited liability 3. 20-5269974 (FEI number, if applicable)	
(Juri	isdiction under the law of which foreign limited liability in organized) (FEI number, if applicable of the law of which foreign limited liability is organized)	e)
4	(Date of Organization) 5. Perpetual (Duration: Year limited liability comparation) exist or "perpetual")	iny will cease to
<i>c</i>		primarily
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	8 ₹°
7	6637 Waverly Park	SID SID SECR
	(Street Address of Principal Office)	P 29
	(Street Address of Principal Office)	
8. If l	limited liability company is a manager-managed company, check here	.
9. Th	ne name and usual business addresses of the managing members or managers are as fo	9 22
	Sharyn C. La Combe	
	Sharyn C. La Combe 6637 Waverly Park	
	Morrow, OH 45152	
the juris	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official har sdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for tion of the certificate under oath of the translator must be submitted.)	
11. N	Stature of business or purposes to be conducted or promoted in Florida: Shary	n LaCombe
	Slagy C. La Combe Signature of a member or an authorized representative of a member (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Shary C. La Combe Typed or printed name of signee	·

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Engeview Consulting, UC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
Ed Goodpaster		
9940 Joe Ebert Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Seffrer FL 338584 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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ENREVIEW CONSULTING, L.L.C., an Ohio Limited Liability Company, Registration Number 1739891, was organized within the State of Ohio on November 14, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of August, A.D. 2008

Ohio Secretary of State

Validation Number: V2008238A8DA99