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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

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M. THOMAS

DEC 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	Lemn	ah Consulting, L.L.C).
		Name of Lim	ited Liability Company	
		of Organization and fee(s) ar	_	
		Chris	topher Jon Lemnah	
		<u> </u>	Name of Person	
		Lemna	ah Consulting, L.L.C.	
			Firm/Company	F-2
				至6 雪 一
		14	140 Cranston St	
			Address	29
		Winte	r Springs, FL 32708	TALLIMASSEE, FLORIDA
		C	City/State and Zip Code	
		c.ie	mnah@yahoo.com	95 5
		E-mail address: (to be used	for future annual report notificati	on)
For fur	ther information	n concerning this matter, plea	se call:	
	Christopl	har lan Lampah	. 224	705 4575
	~~~	her Jon Lemnah e of Person	at ( 321 ) Area Code & Daytime	765-4575 Telephone Number
Enclos	ed is a check t	for the following amount:	·	·
<b>\$</b> 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Lemnah Consu (Must end with the words "Limited Lial	
(Mass one Wall die Words Emilied Emil	may company, Editor, or Edit.)
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
Lemnah Consulting, L.L.C.	Lemnah Consulting, L.L.C.
1440 Cranston St.	1440 Cranston St.
Winter Springs, FL 32708	Winter Springs, Ft. 32708
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another
Christopher	Jon Lemnah ကြင့် 📻 🥈
Nam	e Eo
1440 Cra	anston St
Florida street address (P.	
Winter Springs 32708	3 _{FL}
City, State,	<del></del>
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Christopher Jon Lemnah
	1440 Cranston St
	Winter Springs, FL 32708
MGRM	Christopher Jon Lemnah
	1440 Cranston St
	Winter Springs, FL 32708
	•
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	PER DEC 29
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a	<u> </u>
(Use attachment if necessary)	MA Z
LE V: Effective date, if other than the	e date of filing: December 24th, 2009 (OPTIONAL)
fective date is listed, the date must l	be specific and cannot be more than five business days
days after the date of filing.)	ا المساء <del>الحا</del>
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a memb	er or an anthorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
C	Christopher Jon Lemnah
	and or printed name of ciones

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)