

L020000033314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500009152105

RECEIVED
02 DEC 12 PM 1:00
DIVISION OF CORPORATION

02 DEC 12 PM 1:47
OFFICE OF THE CLERK
STATE OF FLORIDA

JPB
12-12-02



ACCOUNT NO. : 072100000032

REFERENCE : 837323 5011398

AUTHORIZATION

COST LIMIT : \$ 125.00

Patricia Pigato

ORDER DATE : December 12, 2002

ORDER TIME : 12:03 PM

ORDER NO. : 837323-005

CUSTOMER NO: 5011398

CUSTOMER: Ms. Emily Szestakowski
Greater Media Inc.

Two Kennedy Blvd.

E. Brunswick, NJ 08816

DOMESTIC FILING

NAME: WENTON CONSULTING LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: _____

02 DEC 12 PM 1:47
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-10-04 BY 60322 UCBAW

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WENTON CONSULTING LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

13558A Via Flora, Delray Beach, FL 33484

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Judith Wenton

Name

13558A Via Flora

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

Delray Beach

FL

33484

City, State, and 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, F.S.

Judith Wenton

By:

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Judith Wenton

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

APU
FILE
02 DEC 12 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA