

## **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : J L HOFMANN & ASSOCIATES,

Account Number : 119990000022 Phone : {305}461-4400

Fax Number : (305)461-4403

LIMITED LIABILITY COMPANY

Flagler Consulting, LLC

Certif cate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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PUBLIC ACCIONATION

https://efile.sunbiz.org/scripts/efilcovr.exe

03/26/04

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ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
Flagler Consulting, LLC		
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability Company	
rincipal Office Address:	Mailing Address:	
218 NE 2nd Avenue	4218 NE 2nd Avenue	
Mami, FL 33137	Miami, FL 33137	
	· · · · · · · · · · · · · · · · · · ·	
	·	
ARTICLE III - Registered Agent, Regis	tered Office. & Registered Agent's Signature:	
RTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature:	
	the registered agent are:	
he name and the Florida street address of  United States Registered	the registered agent are:	
he name and the Florida street address of  United States Registered	the registered agent are:  Agents, Inc.	
he name and the Florida street address of  United States Registered  1  329 Granello Avenue	the registered agent are:  Agents, Inc.	
he name and the Florida street address of  United States Registered  1  329 Granello Avenue	the registered agent are:  I Agents, Inc.  Name	

Having compa agree to act in this capacity. I furthe: 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.

Registered Agent's Signature

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(CONTINUED) agree to

(CONTINUED)

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	·
MGR	Ricardo Dunín
	4218 NE 2nd Ayenue
	Miami, FL 33137
The second secon	
,	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	•
Julean b	dbetter
	authorized representative of a member.
of this document constitutes an that the facts stated herein are t	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
Helena I edhotter	
Typed or p	rinted name of signee
•	
	= = -
Si. Wan Ton fou Antidon of Dunantus (1	·

Filing Fe

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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