

LOY000092619

(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:

BK

Office Use Only



900042977449

STATE
TALLAHASSEE, FLORIDA

04 DEC 22 PM 5:30

STATE
TALLAHASSEE, FLORIDA
04 DEC 22 PM 5:51

STATE
TALLAHASSEE, FLORIDA

04 DEC 22 PM 5:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 101929 4300239

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 155.00

04 DEC 22 PM 5:51
STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 22, 2004

ORDER TIME : 1:28 PM

ORDER NO. : 101929-005

CUSTOMER NO: 4300239

CUSTOMER: Ilene Stern, Esq
Kurzman Eisenberg Corbin
Lever & Goodman, LLP
10th Floor
One North Broadway
White Plains, NY 10601

DOMESTIC FILING

NAME: A TO Z CONSULTING LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOSEPH ZAPPALA

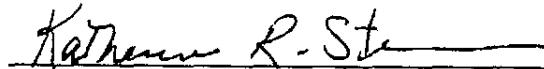
19955 36TH COURT, #806

AVENTURA, FL 33180

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

By: KATHERINE STEINER

Typed or printed name of signee

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)