0.50000 48378

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zîp/Phone #)	 ·
PICK-UP WAIT	MAIL
(Business Entity Name)	
, , ,	
(Document Number)	
(Bootiment Namber)	
	S
Certified Copies Certificates of	Status
Certified Copies Certificates of	Status
Certified Copies Certificates of Special Instructions to Filing Officer:	Status
<u> </u>	Status
Special Instructions to Filing Officer:	Status
Special Instructions to Filing Officer:	Status
<u> </u>	Status
Special Instructions to Filing Officer:	Status
Special Instructions to Filing Officer:	Status
Special Instructions to Filing Officer:	Status



500050372265

04/19/05--01023--016 **160.00

TRANSMITTAL LETTER

Division of Cor						
SUBJECT: ELM Co	nsulting, L.L.C.					
-	(Name of Limited	i Liability Com	ipany)		_	• •
The enclosed Articles of	Organization and fee(s) are su	ıbmitted for fil	ing.			
Please return all correspo	ondence concerning this matte	r to the followi	ng:			
Lee C. G	raves					
	7)	lame of Person)				
E L M Consulting, L.I		S: /0				
	(1	Firm/Company)				0
610 S M/ IM	ater Street, Suite 3C				1000 1000 1000 1000 1000 1000 1000 100	05 MAY 16 AM 8: 22
019 3. 17. 17	ater Street, Strite 3C	(Address)			至	_
		(,			治之	
Peoria	a, IL 61602				7. F. S.	± €
		State and Zip Co	de)			22
For further information of	concerning this matter, please	call:				
Jim Bourazak		at (309	673-7648			
(Name	of Person)	(Area C	ode & Daytime Te	elephone Number)		
Enclosed is a check for	r the following amount:	-	e e			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Signature 155.00 Sertified Co (additional cop	^ •	\$160.00 Filir Certificate of St Certified Copy (additional copy is	atus &	
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	:	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		



Secretary of State

April 22, 2005

LEE C. GRAVES 619 S.W. WATER STREET STE 3C PEORIA, IL 61602

SUBJECT: E L M CONSULTING L.L.C.

Ref. Number: W05000020400

We have received your document for E L M CONSULTING L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 305A00027854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

E L M Consulting, L.L.C.		
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
240 0 14 14 1 1 10 11		
Suita 3 C		
619 S.W. Water Street Suite 3 C Peoria, IL 61602		

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.

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

32226

Registered Agent's Signature

Name

City, State, and Zip

1915 Wigmore Street

Jacksonville

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title</u> ;	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Lee Graves
	619 S. W. Water Street
	Peoria, IL 61602
MGR	Jim Bourazak
	619 S. W. Water Street
	Peoria, IL 61602
(Use attachment if necessary)	
•	
NOTE: An additional article must be	added if an effective date is requested
REQUIRED SIGNATURE:	<u> </u>
REQUIRED SIGNATURE.	
(M/S	
- History	m To
Signature of a member or	an authorized representative of a member
	n 608.408(3), Florida Statutes, the execution 💆 🦰 🕟
of this document constitute that the facts stated herei	s an armination ander the penatices of being a
	in are true.)
Jim Bourazak Typed	or printed name of signee
Filing Fees:	
ETTION O VYET	
\$125.00 Filing Fee for Articles of Organiza	ation and Designation
of Registered Agent	

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)