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(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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DIVANCE CORPORATIONS

J. BRYMM OCT 2 1 2005

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Chatterbox Consulting LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing.		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Taneka White		
Chatterbox Consulting LLC (Firm/Company)		
211 Lake Pointe DVIVE # 110		
Oakland Park, FL 33309 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tameka White at 754, 422-2106 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\subseteq \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \$\subseteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \seteq		
Mailing Address Registration Section Division of Corporations P.O. Boy 6327 Clifton Puilding		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPARY
ARTICLE I - Name:
The name of the Limited Liability Company is:
Chatterbox Consulting LLC (Must end with the words "Limited Liability Company, "Limited Company" or their altoreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
211 Lake Pointe Drive 211 Lake Point Drive
Cakland Park, Fl 3309 Oakland Park, Fl 3309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:

Tameka White

Name

211 Lake Point Drive

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

OutlandPark FL 33309

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.

Registered/Agent's Signature (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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Typed or printed name of signee

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)

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