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(Requestor's Name)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

BUTZEL LONG
ATTORNEYS AND COUNSELORS

Peggy Murray
Paralegal
248 258 2608
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Suite 200 100 Bloomfield Hills Parkway
Bloomfield Hills, Michigan 48304
T: 248 258 1616 F: 248 258 1439
butzel.com

October 24, 2005

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Charisma Consultants, LLC

Ladies and Gentlemen:

Enclosed for filing are Articles of Organization for the above company, along with a check in the amount of \$160 to cover the filing fee, a Certificate of Status and certified copy of the Articles. An extra copy of the Articles is enclosed.

Please file the Articles and return the Certificate of Status and a certified copy of the Articles to me in the enclosed self-addressed stamped envelope.

If you have any questions, please call me at the above number.

Very truly yours,

Peggy Murray
Peggy Murray

/pm

Encs.

cc: Christina Meloche w/encs.
Robert P. Perry w/encs.

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TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARISMA CONSULTANTS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert P. Perry

(Name of Person)

Butzel Long

(Firm/Company)

100 Bloomfield Hills Parkway, Suite 200

(Address)

Bloomfield Hills, Michigan 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

Peggy Murray

(Name of Person)

at (248) 258-2608

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARISMA CONSULTANTS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "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:

1217 South Genesee Avenue
Los Angeles, CA 90019

Mailing Address:

same

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:

John J. Raymond, Jr.

Name

1200 North Federal Highway, Suite 420

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

Boca Raton, FL 33432

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)

John J. Raymond, Jr.

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christina Meloche

1217 South Genesee Avenue

Los Angeles, CA 90019

(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.)

Robert P. Perry, Authorized Representative

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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