

LOS000116821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/05--01021--019 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -7 PM 2:36

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

05 DEC -7 PM 2:25

RECEIVED

12/7/05
C/M

Charles McMurry
Requester's Name
910 N. Duval St.
Address
Tallahassee, Fla. 425-3000
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Seyforth Hoffman Consulting, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR
SEYFORTH HOFFMAN CONSULTING, LLC.

ARTICLE I

The name of the Limited Liability Company is **SEYFORTH HOFFMAN CONSULTING, LLC.**

ARTICLE II

The mailing address and the street address of the principle office of SEYFORTH HOFFMAN CONSULTING, LLC., is 701 Pine St., Melbourne Beach, Florida 32951

ARTICLE III

The name and street address of the registered agent are:

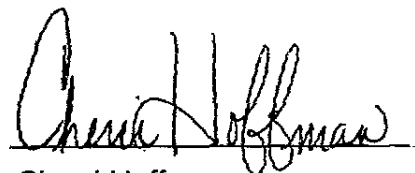
Cherri Hoffman

701 Pine St.

Melbourne Beach, Fla. 32951

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent, and to accept service of Process for Seyforth Hoffman Consulting, LLC., 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent. ***(I am also signing as a member of the LLC.)***



Cherri Hoffman

Registered Agent/Member