

L06000028466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

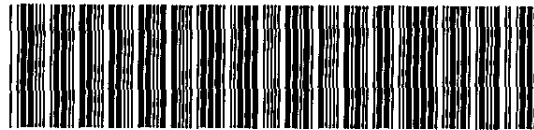
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



700067130547

03/17/06--01006--014 \*\*155.00

RECEIVED  
06 MAR 17 AM 10:46  
TALLAHASSEE, FLORIDA

FILED  
2006 MAR 17 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

FILED  
2006 MAR 17 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. ACUMEN LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

**NEW FILINGS**



Profit



Not for Profit



Limited Liability



Domestication



Other

**AMENDMENTS**



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

**OTHER FILINGS**



Annual Report



Fictitious Name

**REGISTRATION/QUALIFICATION**



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**ACUMEN LLC**

**ARTICLE I - NAME**

The name of this limited liability company is **ACUMEN LLC** (hereinafter "the Company")

**ARTICLE II - ADDRESS**

The mailing address and principal office is :

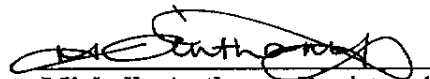
**4154 Sabal Ridge Circle  
Weston, FL 33331**

**ARTICLE III : INITIAL REGISTERED OFFICE AND AGENT**

The name and mailing address of the initial registered office and the initial registered agent of the Company is :

**Michelle Anthony  
4154 Sabal Ridge Circle  
Weston, FL 33331**

Having been named as registered agent and to accept service of process for the above state 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.



**Michelle Anthony- Registered Agent**

**FILED**  
2009 MAR 17 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### **ARTICLES IV - MANAGEMENT**

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

**Michelle Anthony**  
**4154 Sabal Ridge Circle**  
**Weston, FL 33331**

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

  
**Michelle Anthony, Authorized Representative**

**ORGANIZER**

IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization  
this 14 day of March, 2006



**MARCELLE POIRIER**

STATE OF FLORIDA     )  
                                      ) SS  
COUNTY OF DADE     )

I HEREBY CERTIFY that on this day, personally appeared before me **MARCELLE POIRIER** who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

March SWORN TO AND SUBSCRIBED before me this 14 of  
2006.



**NOTARY PUBLIC**  
State of Florida at large

My commission expires :



Ivonne Navarro  
Commission #DD230612  
Expires: Aug 17, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.