

W6000034866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

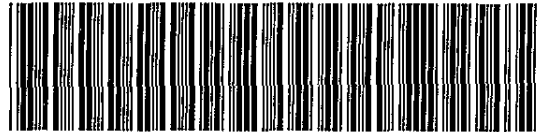
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W6-34866
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enlightenment Consulting Services 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:

Hellen Arteaga
(Name of Person)

Enlightenment Consulting Services
(Firm/Company)

4309 14th West
(Address)

Lehigh Acres FL 33971
(City/State and Zip Code)

For further information concerning this matter, please call:

Hellen Arteaga at (239) 878-1790
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Enlightenment Consulting Services LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4309 14 street west
Lehigh Acres FL 33971

Mailing Address:

4309 14 street west
Lehigh Acres FL 33971

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Hellen Arteaga
Name

4309 14 street west
Florida street address (P.O. Box **NOT** acceptable)
Lehigh Acres FL 33971
City, State, and Zip

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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.

Hellen Arteaga
Registered Agent's Signature

(CONTINUED)

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

MGRM

MGRM

/

Angela Frazier
3646 - 101 Pine Oak Circle
Fort Myers FL 33916

Dee Cannon
936 N- Town and River Dr.
Fort Myers FL 33919

Hellen Arteaga
4309 14 Street West
Lehigh Acres FL 33971

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Hellen Arteaga

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.)

Hellen Arteaga

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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ALABAMA, FLORIDA

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