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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cil	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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APPENDING TO THE PROPERTY OF T

COVER LETTER

	COLE	R DETTER	
TO: Registration S Division of Co	ection orporations		<u></u>
SUBJECT: F U	JOH COMBULT	ING LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	MED FINGI	(Name of Person)	
		(Name of Person)	
F \%	TEH CONSC	CFirm/Company)	
	LAI PELIC	AN DR (Address)	
			_
ΘΔΖΔ5ΟΤΔ FL 3A237 (City/State and Zip Code)			
For Guthan in farmation		11	
For turner unormation	concerning this matter, please	can:	
UIM FIN	of Person)	at (A A) 367 (Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
	\$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company i	is:
FINCH CONSULTIN	4 LLC
(Must end with the words "Limited Liability Company, "Lin	nited 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:	Mailing Address:
Thirtha Gille Addition	Maning Auto Cos.
2441 PELICAN DR	2441 PELICAN DR
SARASOTA FL	SARASOTA FL
3A237	24000
<u> </u>	
ADDICE FIXE Destated A sent Destates	all OCC - 0 The 1 Assert A court of China
	ed Office, & Registered Agent's Signature:
the Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	zistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
	•

Name

244 PELICAN DR

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

5825575 FL 34237

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 06 APR 17 PM 3: 55

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCAR	JAMES FINICAL ZAAI PELICAN DR SARASOTA, EL 84237
·	<u></u>
(Use attachment if necessary)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury sin are true.)
- VSME6 Typed	d 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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