

L06000106132

(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:

SM

LLC

Office Use Only



500080982825

EXPIRE DATE
10/18/06

10/20/06--01016--005 **160.00

Reject
606-46357

FILED
06 OCT 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2006

OVIDIU TOPANA
PO BOX 222894
HOLLYWOOD, FL 33022

SUBJECT: PROJECT CONSULTING SERVICES
Ref. Number: W06000046357

We have received your document for PROJECT CONSULTING SERVICES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 206A00062875

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROJECT CONSULTING SERVICES
(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:

OVIDIU TOPANA
(Name of Person)

PROJECT CONSULTING SERVICES
(Firm/Company)

PO BOX 222894
(Address)

HOLLYWOOD FL 33022
(City/State and Zip Code)

For further information concerning this matter, please call:

OVIDIU TOPANA at (954) 638 5824
(Name of Person) (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

10/18/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROJECT CONSULTING SERVICES 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:

1839 ADAMS STREET
HOLLYWOOD FL 33020

Mailing Address:

PO BOX 222894
HOLLYWOOD - FL 33022

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:

J&M ELECTRICAL CONTRACTORS,
Name

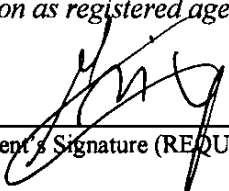
3525 DENVER CT, BOCA RATON, FL 33434

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

BOCA RATON FL 33434

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

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TALLAHASSEE, FLORIDA

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:

MGR

OVIDIU IULIAN TOPANA
1839 ADAMS ST , HOLLYWOOD
FL 33020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10.18.2006 (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.)

OVIDIU TOPANA

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)