L07000002923

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·	•	
Certified Copies	Certificates	of Status
•	_	<u> </u>
Special Instructions to	Filing Officer:	





500082916305

01/08/07--01014--021 **160.00

115/07

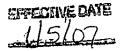
FILED

07 JAN -8 PH 1:56

SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ЕСТ:	SPLAUT CONSU	LTING LLC d Liability Company)	
The end	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		ERGIO PLAUT		
		(1	Name of Person)	
	ک	PLANT CONSUL	TiルG LLC Firm/Company)	
		(Firm/Company)	
	6021	JONATHAN'S	BAY CIRCLE	UNIT 601
			(Address)	
	E+ M	Y=0(1E) 339	128	
		YERS/FL 339 (City.	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
5	ERGIS F	LAUT	at (239) 432	9990
	(Name	of Person)	at (239) 432 (Area Code & Daytime To	elephone Number)
Enclos	sed is a check for	or the following amount:		
□ \$125	5.00 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,
The name of the Limited Liability Company is:	
SPLAUT CONSULT	ING LLC
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6021 JONATHAN'S BAY CIRCLE UNIT 601 Ft. MYERS, FL 33908	6021 JONATHAN'S BAY CIRCLE UNIT 601 FT MYERS, FL 33908
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	ACV EE AN
19451 CYPRESS	VIEW DRIVE
FORT MYERS City, State, a	FL 33967 PA ST

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

Title:	Name and Address:
"MGRM" = Manag	ager anaging Member
"MGR	
	6021 JONGTHAN'S BAY CIRCLE UNIT
	Ft. MYERS, FL, 33908
MGRM"	UERA PLAUT
	6021 JONATHAN'S BAY CITCLE U
	F1 MYER), FL, 33908
(Use attachment	at if necessary)
	**
(Use attachment	**
LE V: Effective	e date, if other than the date of filing: $\frac{1}{5}$ $\frac{2}{2}$ (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior
	e date, if other than the date of filing: $\frac{1}{5}$ $\frac{2}{2}$ (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior
LE V: Effective	e date, if other than the date of filing: $\frac{1}{5}$ $\frac{2}{2}$ (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.)
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) GIGNATURE:
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: $\frac{1}{5}$ $\frac{2}{2}$ (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) GIGNATURE:
LE V: Effective	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) GIGNATURE:
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) Signature of a member of an authorized representative of a member.
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) Signature of a member of 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
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2-3 (OPTIONAL) listed, the date must be specific and cannot be more than five business days pricedate of filing.) Signature of a member of 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.)
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing: 1/5/2=> (OPTIONAL) isted, the date must be specific and cannot be more than five business days pridate of filing.) Signature of a member of 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
LE V: Effective fective date is lis days after the d	e date, if other than the date of filing:

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)