## L0700018651

| (Re                     | equestor's Name)  | )                                     |
|-------------------------|-------------------|---------------------------------------|
| (Ac                     | ldress)           |                                       |
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| (Ac                     | ldress)           |                                       |
| (Cit                    | ty/State/Zip/Phon | ie #)                                 |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Na  | me)                                   |
|                         | ·                 |                                       |
| (Do                     | cument Number     |                                       |
| Certified Copies        | _ Certificate     | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
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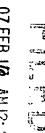




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SECRETARY OF STATE



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Multhauf Consulting 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:  |
| Ted Multhaut   |
| (Name of Person)   |
| Multhauf Consulting LLC  |
| (Firm/Company)   |
| 3001 Thoroughbrid Loop 5.  |
| (Address)  |
| CGRETAIN 7 10109 338 1 27 -  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| 1ed Mul +9900 at (863) 619-6018  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)} |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Multhguf Consulting 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:  Mailing Address:  |  |
| 3001 Thoroughbred Loops. SEME  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatuse: (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:    SEE FLORIDE   Name   Proposal broken   Coap   STATE   Proposal broken   Proposal bro | A STATE OF S |
| Florida street address (P.O. Box NOT acceptable)  Lalec   Ghd   FL   338//  City, State, and Zip   |  |
| Having been named as registered agent and to accept service of process for the above stated liming liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  | s<br>fall<br>nd  |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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 MGR Tel Multhau 300 | Theraylbut Coop 5. Lakeland Fill 3351/ When a stratement if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

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)