

LO7000028725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

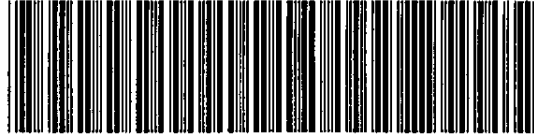
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700092606327

03/15/07--01014--017 **160.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 MAR 15 AM 11:44

211000

Stuart Charlson, Esq.
6711 Tanglewood Drive NE
St. Petersburg, FL 33702
(727) 488-6965

March 7, 2007

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Re: Articles of Limited Liability Company

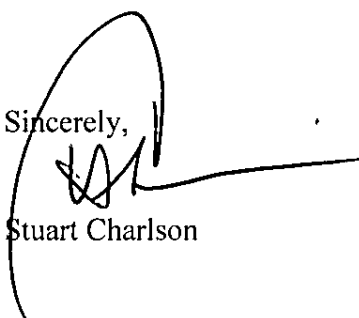
Dear Sir or Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company for ConsultStu, LLC. Please return all correspondence concerning this entity to the undersigned.

Enclosed is a check for \$160.00 for the filing fee, a certified copy and a certificate of standing.

Thank you very much for your assistance. Should any questions arise, please contact me at the above listed telephone number.

Sincerely,


Stuart Charlson

FILED
07 MAR 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Articles of Organization for Florida
Limited Liability Company**

**Article I:
Name**

The name of the Limited Liability Company is **ConsultStu, LLC**.

**Article II:
Address**

The mailing address and street address of the principal office of **ConsultStu, LLC** is:

ConsultStu, LLC
6711 Tanglewood Drive NE
St. Petersburg, FL 33702
(street and mailing address)

**Article III:
Registered Agent**

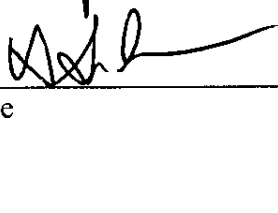
The name and Florida street address for the registered agent is:

C.H. Stuart Charlson II
6711 Tanglewood Drive NE
St. Petersburg, FL 33702

Having been duly 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. Further, I 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.

Signature

Date



3-7-07

**Article IV:
Management**

The above named Limited Liability Company will be managed by the member(s), and the name(s) and address(es) of the member(s) are:

FILED
07 MAR 15 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

C.H. Stuart Charlson II
6711 Tanglewood Drive NE
St. Petersburg, FL 33702

MGRM

SIGNATURE



Signature of member, or authorized representative of member

In accordance with FS 604.408(3), the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true.

C.H. Stuart Charlson II
Printed Name

FILED
07 MAR 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA