

607000067849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

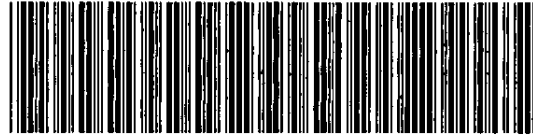
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100104718021

06/27/07--01014--011 \*\*160.00

2007 JUN 27 AM 10:44  
SECRETARY OF STATE  
MAIL/PROCESSING

FILED

607-67849  
De

EFFECTIVE DATE

6-30-07

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: In Compliance We Trust 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:

Maria-Jose Fox

(Name of Person)

In Compliance We Trust Consulting, LLC

(Firm/Company)

9361 Southern Orchard Rd., N.

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria-Jose Fox

(Name of Person)

at ( 305 ) 933-4047

(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

2007 JUN 27 AM 10:44  
RECEIVED  
TALLAHASSEE  
STATE  
DIVISION OF CORPORATIONS

**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

Maria-Jose Fox

9361 Southern Orchard Rd., N.

Davie, FL 33328

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

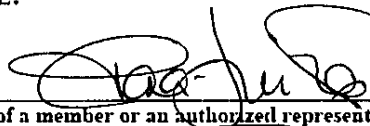
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 30, 2007 (OPTIONAL)  
If an effective date is listed, the date must be specific and cannot be more than five business days prior  
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.)

Maria-Jose Fox

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)

FILED  
2007 JUN 27 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA