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SECRETARY OF STATE

W-86850

COVER LETTER

' TO:

TO: Registration Se Division of Con					
SUBJECT: Healey	/ Consulting LLC (Name of Limite	d Liability Compa	ny)		**************************************
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	<u>.</u>		
Please return all corresp	ondence concerning this matte	er to the following:	;		
Dennis He					
	(Name of Person)			
Healey Co	onsulting LLC				, ,
	`	(Firm/Company)	•		. •
8228 Tec	umseh Circle				
		(Address)	··· •	- ,	-
Port Cha	rlotte, FI 33981				
1 Oit Oila		/State and Zip Code	,	-	
	(9		,		
For further information	concerning this matter, please	call:			
Dennis Healey		at (941	662-588	85	
	of Person)		& Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:			2007 AUSECRI TALLA	************
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	,	S160.00 Filing Feed Certificate of Status & 23 Certified Copy (additional copy is enclosed LORA)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton Boundary 2661 Exe	urier Addres on Section of Corporatio uilding cutive Center ee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Healey Consulting LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8228 Tecumseh Circle	PO Box 577
Port Charlotte, FI 33981	Normandy Beach NJ 08739
business entity with an active Florida registration.) The name and the Florida street address of the rependence business business entity with an active Florida registration.) Dennis Healey Name	egistered agent are:
8228 Tecumseh Circle	•
Florida street add	ress (P.O. Box NOT acceptable)
Port Charlotte City, State, a	FL 33981 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	inccept service of process for the above stated limited this certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all informance of my duties, and I am familiar will and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Dennis Healey 8228 Tecumseh Circle Port Charlotte, FI 33981	-
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business day	
ICLE V: Effective date, if other than the effective date is listed, the date must be		
ICLE V: Effective date, if other than the effective date is listed, the date must be go days after the date of filing.) REQUIRED SIGNATURE:		
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	be specific and cannot be more than five business day ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with so of this document constant the facts stated Dennis Healey	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	s prior
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