# L070000 87399

\*\*130.00

| (Requestor's Name)  (Address)  (Address)   | 400108521074   |
|--|--|
| (City/State/Zip/Phone #)   |  |
| (Business Entity Name)  (Document Number)  | 98; 24, 0701018026 **13<br>•   |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | SELECT STATE OF A STAT |
| EFFECTIVE DATE 8 21/01   | ∕  |

Office Use Only

## **COVER LETTER**

| TO: Registration :<br>Division of C |   |   |  |
|-------------------------------------|---|---|--|
| ѕивјест: Ви                         | rns Consultina  | Group, L.L.C  |  |
| (Name of Limited Liability Company) |   |   |  |
| The enclosed Articles of            | of Organization and fee(s) are su   | abmitted for filing.  |  |
| Please return all corres            | pondence concerning this matter   | r to the following:   |  |
| CAROL                               | Ann Bums  |   |  |
| Burns                               | $\Lambda$ . If $\Lambda$  | VOUP, L.L.C   |  |
| 8322                                | Rain Forest D   | Firm/Company)<br>)riue  | AT Z   |
| <u> </u>                            |   | (Address)   | ,  |
| Urland                              | lo, FL 328  | 729   |  |
|                                     | (City/  | State and Zip Code)   |  |
| For further information             | concerning this matter, please of   | call:   |  |
| <u> </u>                            | ns  | at ( <u>407</u> ) <u>341 –</u><br>(Area Code & Daytime Tel  |  |
| (: tulit                            | . or r or somy  | (riva code a Dayline Ten  | panae (vuinoer)  |
| Enclosed is a check for             | or the following amount:  |   |  |
| \$125.00 Filing Fee                 | S130.00 Filing Fee & Certificate of Status  | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 C Tallahassee, FL 32301 |  |

# ARTICLE II - Name: The name of the Limited Liability Company is: Burns Consulting Group I Fite. LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 83.22 Rain Forest Drive Orlando, FL32829 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

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 fosition as registered agent as provided for in Chapter 608, F.S..

Florida street address (P.O. Box NOT acceptable)

torest

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Huc (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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)