## 1000 116724

(Requestor's Name)	
(Address)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	





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11/19/07--01012--001 \*\*160.00

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AN MeAuslin Consulting UC (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:	
IAN MCAUSUN (Name of Person)	
IAN MCAUSUN CONSULTING. UC (Firm/Company)	
4620 BOUGHNUILLA DR # Z	
LAVOERDALE BY THE SEA, FL 33369 (City/State and Zip Code)	gree
For further information concerning this matter, please call:	is a
(City/State and Zip Code)  For further information concerning this matter, please call:  AND MANSIN  (Name of Person)  (Area Code & Daytime Telephone Number)  (Area Code & Daytime Telephone Number)	1
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	
Mailing Address  Registration Section  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	łТ	K	CL	Æ	I	<b>-</b> ]	N	am	ıe:
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The name of the Limited Liability Company is:

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4670 BOUGATNVILLA DR # Z LAVOERDALL BY THE SEA, FL	4620 BOUGHINVILLA DE # Z
AVORROADE BY THE SEA, FL	LAUDINDAVE BY THE SEA, FI
33308	33308 7 7 2807 2807
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis	d Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	SSE SSE
The name and the Florida street address of the	
IAN WCAU	SIA STA
Name	TE NO.
4620 BOUGAIN	VILLA OR. #Z
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
LANDERONE BY THE SEA	FL 33308
City, State,	anu zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	ng Member	Name and Address:		
MGRM		IAN MCAUSCIN 4620 BOUGHINVILLA DE LAVOERBALE BY THE SE	r. # 2 4, Fr	<u> -</u> - 2330
<del></del>				
in effective date is listed,	e, if other than the date	e of filing: (Cecific and cannot be more than five but	OPTION	
	of filing.)	•	CRETA LAHA	NON .
r 90 days after the date o	ATURE:	<u></u>	ARY OF STA SSEE, FLOR	19
Sig (In of	gnature of a member or accordance with section	an authorized representative of a member.  608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury are true.)	ARY OF STATE SSEE, FLORIDA	19 AM11: 20

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)