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DEFASCES DIVISION OF COMPORATIONS TALLAHADSEE, FLORIDA

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T. CLINE

JUL - 9 2008

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Arenas C	Consulting LLC Liability Company)	• -
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Fernando	Arenas	
	Arenas a	onsulting	
	(-		
	5533 Green	Meadows ct (Address)	
	TAHAHACI	le Ronisa 323	03
<del></del>		State and Zip Code)	<u> </u>
	concerning this matter, please c	at ( 850 ) 59/1/3	35
(Name	of Person)	(Area Code & Daytime Telepl	hone Number)
Enclosed is a check fo	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	OB JUL
		\ \frac{\chi}{\chi}	2. S.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: iited Liability Company i	is:	
	, , ,	sulting LLC	1
(Must end with the words "	Limited Liability Company, "Lin	nited Company" or their abbrevia	tion "LLC," or "L.C.,")
ARTICLE II - Add The mailing address		principal office of the Li	mited Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
5533 GRENN	neadows Ct.	P.O.BOX 18 TALLAHASIEE	0252
	在 32303	TALLAHASSEC	FL 323/8.
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Regive Florida registration.) orida street address of the		
_	Fernancho	Arenas	<del></del>
_	11411	Meadows Ct.	
	· ·	address (P.O. Box NOT accep	•
<u> </u>	I ACLA HA-SSE e	2 FL 32303	_
liability company registered agent an	as registered agent and t at the place designated in d agree to act in this cape	o accept service of proces in this certificate, I hereby gity. I further agree to co lete performance of my du registered agent as provid	as for the above stated limited accept the appointment as omply with the provisions of sties, and I am familiar with ded for in Chapter 608, F.S
	(CONTI	NUED)	FLOG

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGING Member	F.O. BOX 180252 TALIA HASSEE FL 32318
MANAGING Member	Nicente & Avenas P.O. Gox 180252 TAMAHASSEE 12 32318
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIONAl st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date mus to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAl st be specific and cannot be more than five business of a new part of a member.
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in the constitution of the facts stated in the constitution of the constituti	er ran authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in the constitution of the facts stated in the constitution of the constituti	er ran authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated by	er ran authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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