

L09000006975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

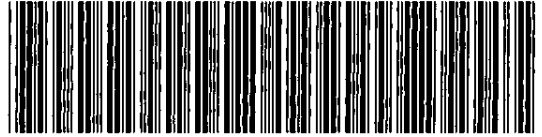
2009-2292

A. LUNT

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EXAMINE

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 20 PM 1:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IFF Safety 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:

Gary W. Buecker
(Name of Person)

IFF Safety Consulting LLC
(Firm/Company)

2725 Bentley CT
(Address)

Deltona FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Buecker at (386) 789-8211
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~\$155.00 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

**ARTICLES OF ORGANIZATION
IFF SAFETY CONSULTING**

ARTICLE I – The name of the company shall be "IFF SAFETY CONSULTING LLC"

ARTICLE II- Mailing address will be
2725 Bentley Ct.
Deltona, FL 32738


Principal address will be
2725 Bentley Ct.
Deltona, FL 32738

ARTICLE III- Registered agent and signature for company will be
Gary Buecker
2725 Bentley Ct.
Deltona, FL 32738

ARTICLE IV- Managing member will be;
Gary Buecker
2725 Bentley Ct.
Deltona, FL 32738

ARTICLE V- EFFECTIVE DATE January 12, 2009

As registered agent and to accept service of process for 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 registering agent as provided for in chapter 608.408 (3), Florida statutes.

Signature  Printed Name Gary W. Buecker
Registering agent signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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IFF Safety Consulting LLC

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:

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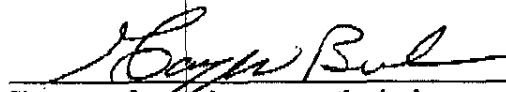
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(Use attachment if necessary)

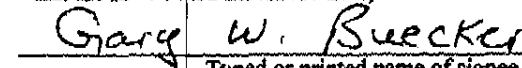
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.)



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)