(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
DP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status

L. SELLERS

MAR -2 2009

**EXAMINER** 

Office Use Only



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02/27/09--01013--009 \*\*125.00

## **COVER LETTER**

10: Registration S Division of Co		
SUBJECT: Inform	ation Risk Consult	ting, LLC.
		ed Liability Company)
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.
Please return all corresp	oondence concerning this matt	er to the following:
Donald A.	Bromley	
<del></del>	(	(Name of Person)
Informatio	on Risk Consulting,	, LLC.
·		(Firm/Company)
4409 Roa	noak Way	
		(Address)
Palm Harl	oor, FL 34685	
	(City	y/State and Zip Code)
For further information	concerning this matter, please	·
Donald A. Broi	mlev	at ( 727 ) 460-9823
	of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	
_	_	\$155.00 Filing Fee & \$160.00 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Information Risk Consulting, LLC.		
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
4409 Roanoak Way	4409 Roanoak Way	
Palm Harbor, FL 34685	Palm Harbor, FL 34685	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re  Donald A. Bromley	ered Agent. You must designate an individua	
Name		
4409 Roanoak Way		
Florida street add	ress (P.O. Box NOT acceptable)	
Palm Harbor , FL 34	68ୂ5	
City, State, a	nd Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peaccept the obligations of my position as regis	his certificate, I hereby accept the o i. I further agree to comply with the rformance of my duttes, and I am f	appointment as he provisions of all amiliar with and
Registered Agent's Signati		FILED  09 FEB 27 AH 8  SEUALIANASSEE FLO
Page 1 of	· ·	5 <b>6</b> J

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

"MGR" = Manager	·
"MGRM" = Managing Member	
	Decold & Beauty
MGR	Donald A. Bromley 4409 Roanoak Way
	Palm Harbor, FL 34685
	<del></del>
	<del> </del>
(Use attachment if necessary)	
effective date is listed, the date must l	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
effective date is listed, the date must l 0 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
effective date is listed, the date must left of days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
effective date is listed, the date must left of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the date of	per or an authorized representative of a member: ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE:  Signature of a member of this document constitute that the facts stated Donald A. Br	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.)
REQUIRED SIGNATURE:  Signature of a member of this document constitute that the facts stated Donald A. Br	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.)  comley  yped or printed name of signee
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REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated Donald A. Br  Filing Fees:  \$125.00 Filing Fee for Articles of Orgor Registered Agent	be specific and cannot be more than five business days prior  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.)  comley  yped or printed name of signee