

L09000033509

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
APR - 7 2009  
EXAMINER

FILED  
09 APR - 7 PM 1:11  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 950344 4364426

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
09 APR -7 PM 1:15  
TALLAHASSEE, FLORIDA

ORDER DATE : April 6, 2009

ORDER TIME : 8:40 AM

ORDER NO. : 950344-005

CUSTOMER NO: 4364426

DOMESTIC FILING

NAME: LMS CONSULTING LLC

EFFECTIVE DATE:

XXX\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: \_\_\_\_\_



**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LMS Consulting 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:**

3060 North East 40th Court  
Ft. Lauderdale, FL 33308

**Mailing Address:**

3060 North East 40th Court  
Ft. Lauderdale, FL 33308

**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:

Lisa Marie Szem

Name

3060 North East 40th Court


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

Ft. Lauderdale FL 33308

City, State, and 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.*

Lisa Marie Szem

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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:**

MGRM

Lisa Marie Szem

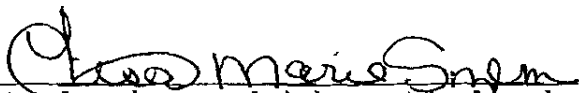
3060 North East 40th Court

Ft. Lauderdale, FL 33308

(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.)

Lisa Marie Szem

Typed or printed name of signer

**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)