

109000061221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600157130886

06/23/09--01081--017 \*\*130.00

FILED  
2009 JUN 23 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 24 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Montgomery Consulting Services 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:

A. Michael Sidle  
(Name of Person)

Kelly, Spicer & Sidle, P.A.  
(Firm/Company)

9515 Deerero Road, Suite 902  
(Address)

Timonium, MD 21093  
(City/State and Zip Code)

2009 JUN 23 AM 10:55  
FILED  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

For further information concerning this matter, please call:

A. Michael Sidle at ( 410 ) 308-3124  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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 6027  
Tallahassee, FL 32304

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
FOR  
MONTGOMERY CONSULTING SERVICES, LLC.**

**ARTICLE I – Name:**

The name of the limited liability company is **Montgomery Consulting Services, LLC**, (hereinafter referred to as the Company).

**ARTICLE II – Address:**

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

**Principal Office Address:**

**Montgomery Consulting Services, LLC  
2206 Kaylee Drive  
The Villages, Florida 32162**

**Mailing Address:**

**Montgomery Consulting Services, LLC  
2206 Kaylee Drive  
The Villages, Florida 32162**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Name James O. Montgomery

Florida street address 2206 Kaylee Drive

City, State and Zip The Villages, Florida 32162

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

  
James O. Montgomery, Resident Agent

FILED  
2009 JUN 23 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Member(s):**

**The name and address of each Manager or Managing member is as follows:**

**Title:**

**“MGRM” = Managing Member**

**“MGR” = Manager**

**Name and Address:**

**“MGRM”**

**James O. Montgomery**

**2206 Kaylee Drive,**

**The Villages, Florida, 32162**

**ARTICLE V – Effective date, shall be the date of filing.**

**Signature:**

  
**James O. Montgomery, Member**

**(In accordance with section 608.4008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)**

**James O. Montgomery**

**FILED**  
**009 JUN 23 AM 10:55**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**