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200158727302

Effective Date 07/20/09

200158727302 07/22/09-01021-011 **125.00

> PILEU 09 JUL 22 AM 11: 45 SECRETARY OF STATE

J. BRYAN

JUL 2 3 2009

EXAMINER

COVER LETTER

. TO: Registration : Division of C			•
SUBJECT:		ENSULTING LL ted Liability Company	<u></u>
	of Organization and fee(s) are		SECRET 2
		ESSLEY	ASSEE TO
m, 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 / 114 /	Press Co	Name of Person NSULTURG LI Firm/Company	C PLORIE
	15208	NW 270+h	AVENUE
	ALACHUA	FL 326	15
	GIPICS SCY g-mail address: (to be used	ty/State and Zip Code Windstream. By future annual report notification)	. Nct
For further information	concerning this matter, pleas	e call:	
GLE WW Name	Press LEY	at (386) 462. Area Code & Daytime Telep	- 0987
Enclosed is a check f	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 Ci Tallahassee, FL 32301	rcie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PRESS CONSUL	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARESS CONSULTING LLC 15208 NW 270HL AVE ALACHUA FL 32615	Aress CONSULTURE LLC 15208 NW 270th AVE ALACHUA FL 32615
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another Effective Date 07/20/04
The name and the Florida street address of the re	gistered agent are:
Name	PRESSERY 270 HL AVE ARE 22 THE PROPERTY NOT acceptable)
15208 NW	JOHL AVE BER F
Florida street address (P.O. I	JUN I TO I T
ALA CHUA City, State, and	FL 32615 FOR E D
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and
accept the obligations of my position as regist	ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGRM		GLENN PRESSLEY 15208 NW JOOR N ALACHUM, FL 32615
(I)se attachmer	nt if necessary)	
effective date is l	e date, if other than the isted, the date must b	e date of filing: <u>JULY</u> 30, 200 9(OPTIC) the specific and cannot be more than five business
CLE V: Effectiv	e date, if other than the isted, the date must b date of filing.)	e date of filing: <u>JULY</u> 20, 200 9(OPTIC se specific and cannot be more than five business
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CLE V: Effective effective date is left of the control of the cont	e date, if other than the isted, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute facts stated here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
CLE V: Effective effective date is left of the control of the cont	e date, if other than the isted, the date must be date of filing.) GIGNATURE: Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)