L09000073663

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinger Entity Harris)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Special Instructions to Filing Officer:
A. LUNT
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2009

KEN ANDERSON P.O. BOX 607684 ORLANDO, FL 32860

SUBJECT: AMERICAN CONSULTING, LLC

Ref. Number: W09000031423

We have received your document for AMERICAN CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

You must list the complete legal name of the registered agent and managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Division of Corporations P.O. ROY 6397 Tallahasson Florida 39314

Letter Number: 009A00023393

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMERICAN CONSULTING LLC Name of Limited Liability Company
Name of Elimica Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEN ANDERSON
Name of Person
Firm/Company
P.O. Box 607684
Address
ORLANDO, FL 32860
P.O. Box 607684 Address ORLANDO, FL 32860 City/State and Zip Code K81K81 @ YAHOO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 407, 694-3848 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 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 AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
(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: Mailing Address:
340 LITTLE SPRINGSLANG P.O. BOX 607684 LONG-WOOD, FL ORLANDO, FL BUS 32750 32860 555
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 granther business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name
340 LITTLE SPRINGS LANE
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Mana	ger	Name and Address:		
"MGRM" = Ma			,	
MGRM		KerANDERSON P.O. BOX 607684		
MGRM		ORCANDO, FL 32860 ORIS D'ANDERSON	- - 23	
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effective date is in O days after the d	•	pecific and cannot be more than five busines	s days pi	71
•	3 ,			
REQUIRED SI	GNATURE:			
	In low	\wedge		
	Signature of a member of	r an authorized representative of a member.		
		n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury		
	1/	ANDERSON		
		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)