

L09000094324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

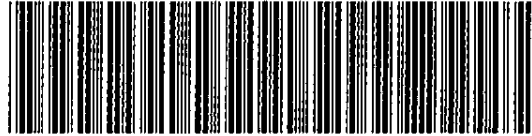
Special Instructions to Filing Officer:

A. LUNT

SEP 30 2009

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 29 PM 1:00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4 ALL MARKETING CONSULTING FIRM 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:

LATOYA L. LEWIS / OLUSEYI IKHIZAMAH  
Name of Person

4 ALL MARKETING CONSULTING FIRM LLC  
Firm/Company

12289 PEMBROKE RD Ste 46  
Address

PEMBROKE PINES FL 33025  
City/State and Zip Code

seyisept15@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

OLUSEYI JOHN IKHIZAMAH at (954) 8174984  
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 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:

4 ALL MARKETING CONSULTING FIRM 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:

12289 PEMBROKE RD  
STE # 46 PEMBROKE  
PINES, FL 33025

Mailing Address:

12289 PEMBROKE RD  
STE # 46 PEMBROKE RD  
PINES FL 33025

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:

LATOYA L. LEWIS.

Name

2900 NW 24<sup>th</sup> AVE # 5108

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

HOLLYWOOD FL 33020

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..

Latoya Lewis.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

OLUSEYI. J. IKHIZAMAH  
12057 SW 15th ST  
PEMBROKE PINES FL 33025

MGRM

LATOYA L. LEWIS  
2900 N. 24th AVE #5108

MGRM

DAVID DAWOOD  
10165 Stonehenge Cir #1516  
Boyton Beach FL 33437.

MGRM

VALERIE DAWOOD  
10165 Stonehenge Circle #1516  
Boyton Beach FL 33437

(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.)

LATOYA L. LEWIS.

Typed 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)

FILED  
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TALLAHASSEE, FLORIDA