

**LD9000100619**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000223409 3)))



H090002234093ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : I20070000C160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**L. SELLERS**

OCT 20 2009

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**The Herrick Consulting Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 OCT 19 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 19 AM 8:49

FILED

H090002234093

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**  
In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

THE HERRICK CONSULTING GROUP LLC

**ARTICLE II ADDRESS**

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

440 NE 4TH AVENUE, SUITE #706  
FORT LAUDERDALE, FLORIDA 33301

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

MITCH HERRICK  
440 NE 4TH AVENUE, SUITE #706  
FORT LAUDERDALE, FLORIDA 33301

Having been named as registered agent 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.

x.   
MITCH HERRICK / Registered Agent's signature

FILED  
09 OCT 19 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H0900002234093

PAGE 2

THE HERRICK CONSULTING GROUP LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

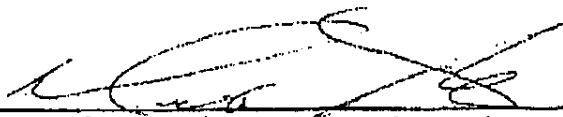
MANAGING MEMBER

MITCH HERRICK

440 NE 4TH AVENUE, SUITE #706

FORT LAUDERDALE, FLORIDA 33301

X



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.

MITCH HERRICK