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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

M. THOMA

DEC -1 2009

EXAN

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Comme	rcial Consultants LLC	
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Jai	mes M. Barron	
		Name of Person	
 		Firm/Company	
	611	S. Dixie Drive	77 S 28 S
		Address	E R
	Howey In T	he Hills, Florida 34737	HAS -
	Cit	y/State and Zip Code	5 7 P
	howe	y611@gmail.com	To T
	E-mail address: (to be used f	or future annual report notification)	95
For further information	n concerning this matter, please	call:	TOTAL S
	s M. Barron	_ 44 /	89-3064
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	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 C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2009

JAMES M. BARRON 611 S DIXIE DRIVE HOWEY IN THE HILLS, FL 34737

SUBJECT: COMMERCIAL CONSULTANTS LLC

Ref. Number: W09000050676

We have received your document for COMMERCIAL CONSULTANTS 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 for 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 limited liability company to be distinguishable from the names of all other fillings 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.

The document number of the name conflict is 483699.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 909A00035754

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	oge Equity LC ds "Limited Limited Limited Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
611 S. Dixie Dr. Howey In The Hills, Florida 347	611 S. Dixie Dr. Howey In The Hills Florida	34737
ARTICLE III - Registered Ages (The Limited Liability Company cannot serve business entity with an active Florida regists) The name and the Florida street ac		idual or another SECRE
	Name	ASSI
***************************************	611 S. Dixie Dr.	PA F
Florida street address (P.O. Box NOT acceptable) Howey In The Hills, 34737 _{FL} City, State, and Zip		4: 15 STATE LORIDA
liability company at the place of registered agent and agree to act statutes relating to the proper an	l agent and to accept service of process for the designated in this certificate, I hereby accept the in this capacity. I further agree to comply with a complete performance of my duties, and I an osition as registered agent as provided for in C	he appointment as In the provisions of all In familiar with and

(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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James M. Barron 611 S. Dixie Dr. Howey In The Hills, Florida 34737
MGRM	Elizabeth A. Barron 611 S. Dixie Dr. Howey In The HIlls. Florida 34737
	2809 DEC -1 TALL HASSI
(Use attachment if necessary)	PH 4: 15 SEE: FLORIDA
RTICLE V: Effective date, if other than the fan effective date is listed, the date must lear 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a memb	der or an authorized representative of a member.
(In accordance with so of this document conthat the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
	James M. Barron

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee