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SECRETARY OF STATE
AND ANASSEE, FLORID!

C. LEWIS

JAN 7 20:0

EXAMINER

# **COVER LETTER**

TO:	Registration Division of C						
SUBJI	ЕСТ:	Robert Mer				g LL	.C
		Name of Limi	ted Liab	ility Con	npany		
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.		
Please	return all corres	spondence concerning this mat	tter to th	e follow	ing:		
		Rob		ergenth	naler	·	
		Robert Merg		ler Cor	nsulting LL	_C	
			1 1111/10	ompany			
1601 Hill Avenue, Suite C							
				nk Fl	33407		
			•	gel.co			
•		E-mail address: (to be used	for future	annual r	eport notificati	on)	
For fur	ther information	concerning this matter, pleas	e call:				
		Mergenthaler	at (	561			4-0504
	Name	of Person		Area Co	ode & Daytime	Telepr	ione Number
Enclos	sed is a check f	or the following amount:					
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	— Ce	rtified (	ling Fee & Copy opy 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		Registr Division Clifton 2661 E	Courier Add ation Section on of Corpora Building executive Cen assee, FL 323	tions ter Cii	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	<i>y</i> is:					
Robert Mergenthal	er Consulting LLC Liability Company," "L.L.C." or "LLC.")					
	nationary Company. E.A., C., or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Compa	ny is:				
Principal Office Address:	Mailing Address:					
1601 Hill Avenue, Suite C Mangonia Park Fl 33407	1601 Hill Avenue, Suite C Mangonia Park Fl 33407					
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:					
business entity with an active Florida registration.)	tegistered Agent. You must designate an individual or another					
The name and the Florida street address of the	he registered agent are:  Mergenthaler  wenue, Suite C  P.O. Box NOT acceptable)	71				
Robert M	ASAR I	ILEL ILEL				
<del> </del>	ame	, ת				
1601 Hill Av	venue, Suite C	5 C				
**************************************	P.O. Box NOT acceptable)	בר ע				
Mangonia Park 334	, <u>, , , , , , , , , , , , , , , , , , </u>					
	te. and Zip					
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated liming this certificate, I hereby accept the appointment acity. I further agree to comply with the provisions a performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F., gnayire (RECOTRED)	as of all and				

(CONTINUED)

# FILED

#### Page 1 of 2

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

2010 JAN -6 PM 12: 45

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	IALLAHASSEE.F					
MGR		Robert Mergenthaler 1601 Hill Avenue, Suite C Mangonia Park El 33407						
	<del></del>							
(Use attachment i	f necessary)							
	ed, the date must be sp	te of filing: January 1, 2010 pecific and cannot be more than five						
<u>REQUIRED</u> SIC	Kalet	Mer Landonized representative of a memb	er.					
	(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.)							
		bert Mergenthaler						
Filing Fees:	Typed	or printed name of signee						

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)