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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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SECKETARY OF STATE
TAIL AHASSEE, FLORID

S. HAWKES

MAR _ 1 2010

EXAMINER

11/10-10515



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2010

ALBERT CASMER 445 BROADHOLLOW ROAD MELVILLE, NY 11747

SUBJECT: WASSER CONSULTANT, LLC

Ref. Number: W10000010515

We have received your document for WASSER CONSULTANT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The registered agent must sign accepting the designation.

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) 245-6955.

Letter Number: 810A00005121

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

то:	Registration S Division of Co	
SUBJI	ECT:	WASSER CONSUMPLY , LLC
		Name of Limited Liability Company
		Organization and fee(s) are submitted for filing. ondence concerning this matter to the following:
		ALBERT CAEANCA
	·	Name of Person
		CREMEN & Associates CLP
		CREMEL # Assectances CLP Firm/Company
		445 BRONDHOLLOW ROAD
		Address
		MELLICLE NEW YORK. 11747
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For fi	urther information	concerning this matter, please call:
	ALBERT	CAKMER. at (631) 630-9303
	Name	of Person Area Code & Daytime Telephone Number
Encl	osed is a check t	or the following amount:
\$ 12	5.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Chele
		Tallahassee, FL 32301

04/05/2010 14:34 16316309302

ARTICLES OF ORGANIZATION FOR	ELORIDA LIMITED	LIABILITY COMPANY
ARTICLES OF UNGALIZATION FOR	1	THE TAXABLE TO A VINCENCE OF THE PERSON OF T

MALICE STATE OF THE STATE OF TH	
ARTICLE I - Name: The name of the Limited Liability Company is:	O RODO PHONE
	75/2 22
WASKE CONSULTING, LL	ين جي ا
(Must end with the words 'Limited Liabilit	by Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
. 102 COLOUR YES COULT	102 COCOUNT KEY COURT
PALM BEACH GARDENS FL 35418	PALM BRACH GALDENS, FL 35418
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own Registration.)	
· · · · · · · · · · · · · · · · · · ·	•
Florida street address (P.O	. Box NOT acceptable)
PALM BEACH GALDE	
City, State, t	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

04/05/2010 14:34

	. P	age 1 of 2		45.0
ARTICLE IV- Ma The name and addr		ging Member(s): or or Managing Member is	as follows:	STEP STEP STEP STEP STEP STEP STEP STEP
Title: "MGR" = Manager "MGRM" = Manager		Name and Address:		SEE PLOT
MGRM	-		WA:	SSER &
· .	. ·	falm Beach	Garden	DIEL 50.
	-		,	
····	-			
a effective date is listo	ate, if other than the	date of filing: Februar e specific and cannot be m	ry 25,20 ore than five t	10 (OPTIONAL) ousiness days pric
90 days after the dat <u>REQUIRED</u> SIG	•	•		·
;	Signature of a member	or or an authorized representa	tive of a member	-
	(In accordance with sec	ction 608.408(3), Florida Statute titutes an affirmation under the p	es, the execution	
•	Ma	ped or printed name of signee	er_	-
Filing Fees:	•	· ·		
of Regis	e for Articles of Orga tered Agent Copy (Optional)	nization and Designation		
	te of Status (Optional)		