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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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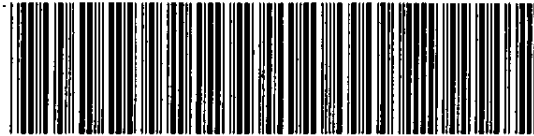
(Business Entity Name)

(Document Number)

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2010 APR 19 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2010

MICHAEL LEIBOWITZ / LEIBOWITZ CONSULTING LLC  
6783 FIJI CIRCLE  
BOYNTON BEACH, FL 33437

SUBJECT: LEIBOWITZ CONSULTING LLC  
Ref. Number: W10000016804

We have received your document for LEIBOWITZ CONSULTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 310A00008354

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LEIBOWITZ CONSULTING 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:

**MICHAEL LEIBOWITZ**

Name of Person

**LEIBOWITZ CONSULTING LLC**

Firm/Company

**6783 FIJI CIRCLE**

Address

**BOYNTON BEACH,FLORIDA 33437**

City/State and Zip Code

**LEIBO33437@COMCAST.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MICHAEL LEIBOWITZ**

Name of Person

at ( **561** ) **737-3520 OR 561 251-2037**

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:

LEIBOWITZ CONSULTING 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:

6783 FIJI CIRCLE  
BOYNTON BEACH, FLORIDA 33437

#### Mailing Address:

6783 FIJI CIRCLE  
BOYNTON BEACH, FLORIDA 33437

### 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:

MICHAEL LEIBOWITZ

Name

6783 FIJI CIRCLE

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

BOYNTON BEACH, FL. 33437 FL

City, State, and Zip

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*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Leibowitz Consulting LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

X MGRM

MICHAEL LEIBOWITZ

LEIBOWITZ CONSULTING LLC

6783 F.I. CIRCLE

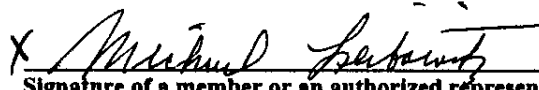
BOYDTON BEACH, FL. 33437

(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:**

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.)

X MICHAEL LEIBOWITZ

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)