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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

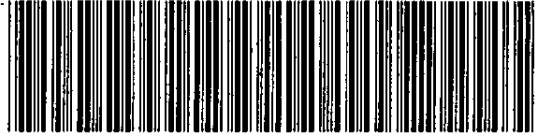
(Business Entity Name)

(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:

Mailing Address:

6783 FIJI CIRCLE
BOYNTON BEACH,FLORIDA 33437

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..

Michael Leibowitz
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X MGRM

MICHAEL LEIBOWITZ
LEIBOWITZ CONSULTING LLC
6783 FIJI 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 *Michael Leibowitz*
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)