

L10000060010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500181457925

06/04/10--01024--023 \*\*125.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 JUN -4 PM 1:29

RECEIVED

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

10 JUN -4 PM 1:48

FILED

C. LEWIS

JUN 4 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FULCRUM GROUP UNLIMITED, 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:

JUDY JONES CONSTON  
Name of Person

\_\_\_\_\_  
Firm/Company

2020 WILDRIDGE DR.  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

JUDYMOUNTAIN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY JONES CONSTON at ( 850 ) 212-4067  
Name of Person 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:

FULCRUM GROUP UNLIMITED 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:**

2030 LAFAYETTE  
SUITE 9  
TALLAHASSEE, 32301  
FL

**Mailing Address:**

SAME

**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:

JUDY JONES - CONSTON  
Name

2020 WINDRIDGE DR.  
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32312  
City, State, and Zip

FILED  
JUN - 4 PM 11:48  
TALLAHASSEE FLORIDA

*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..*

Judy Jones - Conston  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
16 JUN -4 PM 1:48  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RODNEY ROBERTS  
3143 FERN GLEN DR.  
TALLAHASSEE, FL 32309

MGRM

JUDY JONES COLSTON  
2020 WILDRIDGE DR.  
TALLAHASSEE, FL 32305

MGRM

CAMILLE BROCKMAN  
1205 GARDENIA DR.  
TALLAHASSEE, FL 32312

(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:**

  
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.)

Judy Jones-Colston  
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)