

L1D0000083613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

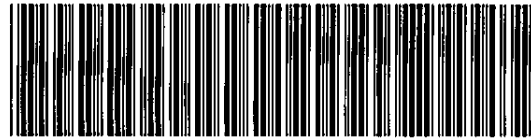
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800184002518

08/09/10--01006--028 \*\*160.00

T. CLINE

AUG 10 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG -9 PM 1:26

FILED

August 6, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **John Farley Consulting, LLC**

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Farley  
Manager  
John Farley Consulting LLC  
4613 N. University Drive, #484  
Coral Springs, FL 33067

Jfarley316@hotmail.com

For further information concerning this matter, please call:

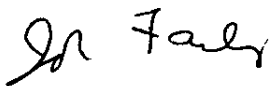
John Farley at (954) 575-2212

Enclosed is a check for the following amount:

**\$160** for Filing Fee, Certificate of Status, & Certified Copy.

Thank you for your assistance.

Cordially,



John Farley  
Manager

FILED  
2010 AUG -9 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

John Farley 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:

5389 NW 84th Terrace

Coral Springs, FL 33067

#### Mailing Address:

4613 N. University Drive, #484

Coral Springs, FL 33067

### 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:

John Farley

Name

5389 NW 84th Terrace

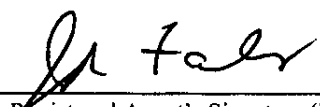
Florida street address (P.O. Box NOT acceptable)

Coral Springs, FL 33067

City, State, and Zip

2010 AUG -9 PM 1:26  
SECRETARY OF STATE  
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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

John Farley

5389 NW 84th Terrace

Coral Springs, FL 33067

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

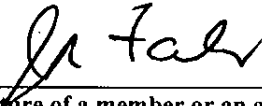
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Upon 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.)

John Farley

\_\_\_\_\_  
Typed or printed name of signer

2010 DEC 9 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**