

**L10000086122**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
AUG 17 2010  
EXAMINER

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## MEMORANDUM

TO: VIA REGULAR U.S. MAIL  
Florida Department of State  
Division Corporations  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: Richard M. Dale

DATE: August 11, 2010

RE: Halverson Consulting LLC; Florida Cover Letter and Articles of Organization  
(collectively "AOO")

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To whom it may concern:

Enclosed please find, in duplicate, the AOO for filing for establishment of the above mentioned limited liability company (as well as a check in the amount of \$160 to cover filing fees). Kindly see that same is filed accordingly, and return a "filed" copy to us in the pre-addressed/stamped envelope provided. Please do not hesitate to call, collect, if needed, at 312-263-2200, with any questions. Thank you.

Very truly yours,

DALE & GENSBURG, P.C.

By:

  
Richard M. Dale

RMD/kh  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Halverson 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:

Richard M Dale, Esq.  
Name of Person

Dale & Gensburg, P.C.  
Firm/Company

200 W Adams, Ste 2425  
Address

Chicago, IL 60606  
City/State and Zip Code

dandgpc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard M Dale at ( 312 ) 263-2200  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Halverson 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:**

Attn: Kenneth A Halverson, Jr, Member

2318 Gulf Shore Blvd North

Naples, Florida 34103

Attn: Kenneth A Halverson, Jr, Member

2318 Gulf Shore Blvd North

Naples, Florida 34103

**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:

Kenneth A Halverson, Jr

Name

2318 Gulf Shore Blvd North

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

Naples

FL 34103

City, State, and Zip

*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)

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2010 AUG 16 PM 10:08

SECRETARY OF STATE  
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:**

MGRM & MGR

Kenneth A Halverson, Jr

2318 Gulf Shore Blvd North

Naples, Florida 34103

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

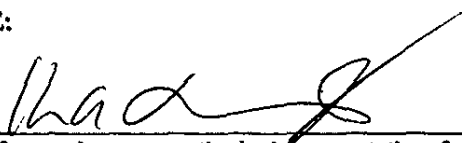
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(Use attachment if necessary)

**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.)

Kenneth A Halverson, Jr

Typed or printed name of signer

**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)