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COVER LETTER

Division of Corporations	
SUBJECT: Mathurin Consulting, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	ner to the following:
Jason Mathurin	
	Name of Person
Mathurin Consulting, LLC	
· · · · · · · · · · · · · · · · · · ·	Гіпо Соперацу
14535 Bruce B Downs Blvd # 267	
	Adaress
Tampa, FL 33613	
	ty/State and Zip Code
mathurin.consulting@gmall.com	
For further information concerning this matter, pleas	
Theresa Gebhard	at (651) 730-5667
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	Cartified Copy radditional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy radditional 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 32304

FILED

ARTICLE I - Name: The name of the Limited Liability Company is: Mathurin 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: 14535 Bruce B Downs Blvd #26/3 14635 Brick B Downs Blvc 4 2 6/3 Tampa, FL 33613 Tampa, Fl. 33613 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (Pie Limited Unhility Company cannot serve as its own Registered Agent. You must designate an inclis ideal or another business entity with an active Florida registration) The name and the Florida street address of the registered agent are: Jason Mathurin 14535 Bruce B Downs Blvd #26/3 Florida street address (P.O. Box NOT acceptable) Tampa, FL 33613 City, State, and Zip

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Muna "MGRM" = Ma			
MGRM		Jason Malhurin	
/ S man with the state of the s		14535 Bruce B Downs Blvd #2613	
		Tamos, Fr. 33613	
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ARTICLE V: Elective data is li	date, it other than the details the details the details the	late of filing: ((specific and cannot be more than five bu	UPHONAL) ciness dave prime
to or 90 days after the o		specific and cannot be inore than five ou	siness days prior
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<u>required</u> Si	GNATURE:		
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	AT	7-16-	
	Signature of a member	or an authorized representative of a member.	O'AUG 16 PM SECINETARY OF ALLAHASSEE, I
		·	SS 6
	(In accordance with section of this document constitution)	ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	
	that the facis stated here	in are true,)	F ST.
	Jason Mathurin		SEA CO
		ed or printed name of signee	原本 12
			_

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)