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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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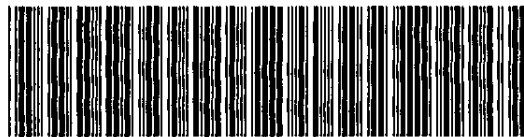
Special Instructions to Filing Officer:

A. LUNT  
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SEP 22 2010

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 21 PM 4:05

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2010

LISSA DIANNE BRYAN  
530 HIDDEN PINES BLVD.  
NEW SMYRNA BEACH, FL 32168

SUBJECT: 4 ACES CONSULTING LLC  
Ref. Number: W10000042094

FILED  
2010 SEP 21 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for 4 ACES CONSULTING LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 310A00021301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

4 ACES 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:

530 HIDDEN PINES BLVD  
NEW SMYRNA BEACH, FL  
32168

#### Mailing Address:

530 HIDDEN PINES BLVD  
NEW SMYRNA BEACH, FL  
32168

### 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:

Lissa Dianne BRYAN

Name

530 HIDDEN PINES BLVD

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

NEW SMYRNA BEACH FL 32168

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.,*

Lissa Bryan

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:**

MGR

Lissa Bryan  
530 HIDDEN Pines Blvd  
New Smyrna Beach FL 32168

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TALLAHASSEE, FLORIDA

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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:**

Lissa D. Bryan  
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.)

Lissa D. BRYAN  
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)