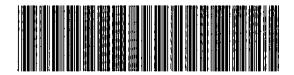
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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B. KOHR

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EXAMINER



COVER LETTER

TO:	Registration of	on Section f Corporations	•	*
SUBJI	ECT: HE	ebert Consulting, Ll	_C	
,			ed Liability Company	···
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	c.
		respondence concerning this mat	<u>-</u>	6
1 10000		respondence concerning and mar	we to the following.	8 8
,	Patric	ia Scotti	N CB	<u> </u>
			Name of Person	<u> </u>
	<u></u>		Firm/Company	100CT -7 M. 4. 53
			rim/Company	_
	808 F	ranklin Circle		
			Address	
	Palm H	arbor, FI 34673		
		Cit	y/State and Zip Code	
-	***	E-pfail address: (to be used	hotmail Com for future annual report notification)	
For fur	ther informat	ion concerning this matter, please	e call:	
Pat 9	Scotti		at (727) 224-9321	
	Na	ame of Person	Area Code & Daytime Tele	ephone Number
Enclos	sed is a chec	k for the following amount:		
) Filing Fee		\$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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

ARTICLE I - Name:

· The name of the Limited Liability Company is:

Hebert 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:	
808 Franklin Circle	Pat Scotti	
Palm Harbor, Fl 34683	808 Franklin Circle	
	Palm Harbor, FI 34683	

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:

Patricia Scotti	
	Name
808 Franklin	Circle
Florida st	reet address (P.O. Box NOT acceptable)
Palm Harbor	_{FL} 34683
(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)

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Memi	per
MGR	Patricia Scotti
	808 Franklin Circle Falm Harbor, Fl. 34683
1	
(Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION must be specific and cannot be more than five business da
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTION must be specific and cannot be more than five business date.
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTION must be specific and cannot be more than five business da
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirmal I am aware that any feconstitutes a third degree of the seconstitutes at the seconstitu	than the date of filing: (OPTION must be specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date.
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirmal I am aware that any feconstitutes a third degree of the seconstitutes and the seconstitutes and the seconstitutes at third degree of the seconstitutes at the sec	than the date of filing: (OPTION must be specific and cannot be more than five business date a member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. The alse information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)