# 410000116008

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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A. LUNT
NOV -8 2010

**EXAMINER** 

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# **COVER LETTER**

TO: Registration Division of C			
SUBJECT: LAC	Consulting, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Lynn M.	Bolduc		
		Name of Person	
		Firm/Company	
4 Fairgre	en Ave		
	2	Address	855.6 SE.6
New Smvr	na Beach, FL 3216	8	OIONOV -
		y/State and Zip Code	ASSEE.
lynnbolduc	@bellsouth.net		<u> </u>
	E-mail address: (to be used t	or future annual report notification)	
For further information	concerning this matter, please	call:	OF STATE ORIGA
Lynn Bolduc		at ( 386 ) 566-7854	
Name	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	for the following amount:		
\$125.00 Filing Fee [	▼\$130.00 Filing Fee & Certificate of Status	\$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 Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

....

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4 Fairgreen Avenue	4 Fairgreen Avenue
New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres) business entity with an active Florida registration.)  The name and the Florida street address of the Lynn M Bolduc	stered Agent. You must designate an individual or another
Name	RATE S
4 Fairgreen Aver	nue
Florida street ad	dress (P.O. Box NOT acceptable)
New Smyrna Beach	<sub>FL</sub> 32168
City, So	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:

MGRM	Lynn M Bolduc	
	4 Fairgreen Avenue	
	New Smyrna Beach, FL 32168	_ 2
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(Use attachment if necessary)		

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lynn M Bolduc

Typed or printed name of signee

### 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)