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SECRETARY OF STATE
ANASSEF, FLORID.

D. BRUCE
DEC 9 2010
EXAMINER

COVER LETTER

TO: Registration Se Division of Co		¥.				
SUBJECT: Atk	inson Consulti					
	Name of Limit	ed Liability Compar	ny			
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	•			
Please return all correspo	ondence concerning this matt	ter to the following:				
Timothy	P. Atkinson,	Esquire Name of Person		·		
Oertel, F	ernandez, Co		nt, P.A.			
		Firm/Company				
P.O. Box	< 1110					
· · · · · · · · · · · · · · · · · · ·		Address				
Tallahass	ee, Florida 323	02-1110		Āco	•	
		y/State and Zip Code		L C	0	
tatkinson@				A XX H.C.		7
	E-mail address: (to be used i	or future annual repor	rt notification)	AR	•	-
For further information c	oncerning this matter, please	call:		EE-L	2	
Timothy P. Atk	inson, Esquire	_at (850)	521-070	6 F ST,	ůp (C
Name o	f Person	Area Code	& Daytime Tele	phone Number	ထ္	
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Y	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is end	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Division of Clifton Budget 1 Execution 2661 Execution 1 Execut	urier Address on Section of Corporation uilding cutive Center (ee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Atkinson Consulting, LLC. (Must end with the words "Limited Liability)	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1409 Raa Avenue Tallahassee, Florida 32303	1409 Raa Avenue Tallahassee, Florida 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Timothy P. Atkinson	ered Agent. You must designate an individual or enother AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Name 301 South Bronough	
Tallahassee	ress (P.O. Box NOT acceptable) FL 32301 te, and Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGRM	Marshall Atkinson
	1409 Raa Avenue Tallahassee, Florida 32303
	and the second s
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of filing: December 9, 2010 (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is	
CLE V: Effective date, if other the effective date is listed, the date is	
CLE V: Effective date, if other the effective date is listed, the date is	han the date of filing: December 9, 2010 (OPTIONAL) must be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a contained with secondaric containing the co	must be specific and cannot be more than five business days properties of a member. SECRETARY member or an authorized representative of a member. setion 608.408(3), Florida Statutes, the execution of this document of the second of the se
CLE V: Effective date, if other the effective date is listed, the date is low days after the date of filing.) REOUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false.	must be specific and cannot be more than five business days property of a member.

Filing Fees:

4224 - 24

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