# Li1000043689

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Hambon)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100200821931

04/11/11--01043--018 \*\*125.00

11 APR 11 PH 2: 31
SELVIL PRINT STATE
SELVIL PRINT FLORIU

B. BOSTICK
APR 1 2 2011
EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corpo	rations				
<sub>SUBJECT:</sub> Michael	J Hanson Cons	sulting LLC.			
56 <b>5</b> 656		d Liability Company		_	
The enclosed Articles of Or	ganization and fee(s) are s	ubmitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Michael J F					
		Name of Person			
Michael J H	lanson Consulti	ing LLC.			
		Firm/Company			
188 Valenci	a Lakes Drive				
		Address	TAL	<u> </u>	
Venice, Florid	la 34292		LAH.	AP	
	City	/State and Zip Code	SS		Exercise socialist n il
	n91@hotmail.com			<	: - [7]
For further information cond		or future annual report notification) call:	FLOR	M 2: 34	J
			RIDA	34	
Michael J Hanson		at ( 260 ) 667-8292	- N		
Name of Pe	erson	Area Code & Daytime Telep	onone Number		
Enclosed is a check for th	e 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 Certificate of S Certified Copy (additional copy i	Status &	
R D T J ON SC P	Aailing Address Registration Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			,
TOO X P	CO. Box 6327 Callahassee, FL 32314	Clifton Building 2661 Executive Center C			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	<b>ICI</b>	ÆΙ	- Na	me
-----	------------	----	------	----

The name of the Limited Liability Company is:

# Michael J Hanson Consulting LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

188 Valencia Lakes Drive Venice, Florida 34292  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
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:	
Michael J Hanson	
Name	er <u>ne</u> <b>macr</b> - F 4 3
188 Valencia Lakes Drive	
Florida street address (P.O. Box NOT acceptable)	المسيدة
Venice FL 34292	١

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 registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

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:

MGR	Michael J Hanson
	188 Valencia Lakes Drive
	Venice, Florida 34292
<del></del>	
	- <u> </u>
	Ľuj ⊂.
	FLORIDA
(Use attachment if necessary)	A
	e date of filing: (OPTION be specific and cannot be more than five business da

**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.)

## Michael J Hanson

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)