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Effective Date 10/5/11

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SECRETARY OF STATE
TALL AHASSEF, FLORIO

T. HAMPTON

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section     Division of Corporations	
SUBJECT: Factor Consulting LLC.	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael James Talkington	
Name of Person	
Factor Consulting LLC - Owner	
Firm/Company	
11382 Mandarin Ridge Lane	
Address	
Jacksonville, Florida 32258	
City/State and Zip Code	
mtalkington73@hotmail.com  E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
Michael James Talkington at (904) 710-9433  Name of Person Area Code & Daytime Tele	ah ang Manahan
Name of Person Area Code & Daytime Tele	mone number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CTallahassee, FL 32301	

# Effective Date 10/5/1)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Factor 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:	<u>Maning Address:</u>
11382 Mandarin Ridge Lane	11382 Mandarin Ridge Lane
Jacksonville, Fl. 32258	Jacksonville Fl. 32258

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:

**ARTICLE I - Name:** 

MICHAEL JAINE	s raikingion
	Name
11382 Mar	darin Ridge Lane
Flor	da street address (P.O. Box NOT acceptable)
acksonville	<sub>FL</sub> 32258
	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 Sygnature (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:

11382 Mandarin Ridge Lane	
jacksonville fl. 32258	
	<del></del>
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#### **REQUIRED SIGNATURE:**

Signature of a member or an authorized epresentative 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.)

### **Beatrice Talkington**

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)

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