# L11000124774

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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WIID06053452

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EFFECTIVE DATE



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10/17/11--01048--019 \*\*160.00

FILED

11 OCT 17 AM 9: 39

SECRETARY OF STATE

D. BRUCE

NOV 0 2 2011

EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

MELLISSA UMINA 13721 WALSINGHAM RD. LARGO, FL 33774

SUBJECT: ME & U CONSULTING, LLC

Ref. Number: W11000053452

We have received your document for ME & U CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 211A00023822

SEURETARY OF STATE

### **COVER LETTER**

^TO:	Registration Section Division of Corporations			
SUBJE	Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please i	Please return all correspondence concerning this matter to the following:			
	Melissa Umina			
	13721 Walsingham Rd.			
	Firm/Company			
•	Address			
_	harap, FL. 33774 器=			
	U-Mina (a) Ho-mail, Com	T = =		
	E-mail address: (to be used for future annual report notification)	Π		
For further information concerning this matter, please call:  Molissa I) him by 813 526-523 Fm 39				
Me	Name of Person at (813), 526-523 FFF 36  Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
\$125.00	Filing Fee \$\int_{\text{S130.00 Filing Fee & Certified Copy}}\$\$155.00 Filing Fee & Certificate of Status & 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 Circle  Tallahassee, FL 32301			

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

Me & U Consulfing LLC  (Must end with the words "Limited Liability Company, T.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:  13721 Walsungham Rd.  hargo, FL 33774  Largo, FL 33774
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:    Melissa Unana   Name   N
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FFFECTIVE DATE 10/14/11

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 (In accordance with section 008.408(3), Florida Statutes, the Section of the desired 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.)

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)