## L11000127017

(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Cor			·
<sub>SUBJECT:</sub> Lions I	Den Consulting	LLC	
		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
John Grov	√e		
		Name of Person	
Lions Den	Consulting LLC		
		Firm/Company	<del>7.***                                    </del>
3401 Nort	h Lakeview Drive	e Unit 1406	
		Address	
Tampa/FI 33	3618		
	Cì	ty/State and Zip Code	
adam@motiv	vatedmindstoday.co		
	E-mail address: (to be used	for future annual report notification)	
For further information co	oncerning this matter, pleas	e call:	
Adam Rothman		at (813 ) 957-3234	<b>.</b>
Name of	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lions Den	Consulting LL	.C	
		mited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ADTICLET	4 <b>4.4</b>		
ARTICLE II - A		s of the principal office of the Limited Lial	hility Company is:
The maning add	ress and street address	of the principal office of the Emitted End	onity Company is.
Principal Office	Address:	Mailing Address:	
2404 Namb Labor	.da Dat	0404 N. W. L. G. C.	
3401 North Lake	view Drive	3401 North Lakeview Drive Unit 1406	<del></del>
Unit 1406 Tampa, FI 33618			<u></u>
Tampa, F1 330 10	)	Tampa, FI 33618	
business entity with a	n active Florida registration.	•	<del>4-1</del>
The name and the	John Grove	ss of the registered agent are:	11 NOV SECRET
The name and the		Ss of the registered agent are:  Name	ALLAHASS
The name and the	John Grove		11 NOV -7 A SECRETARY OF
The name and the	John Grove  3401 North La	Name	me:
The name and the	John Grove  3401 North La	Name  Akeview Drive Unit 1406  a street address (P.O. Box NOT acceptable)	me:
The name and the	John Grove  3401 North La	Name akeview Drive Unit 1406	11 NOV -7 AM 10: 53 SECRETARY OF STATE ALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	John Grove	
	3401 North Lakeview Drive Unit 1406	
	Tampa, FL 33618	
(Use attachment if necessary)		
	nte of filing: 11-1-2011 (OPTIONAL pecific and cannot be more than five business day	
<b>REQUIRED SIGNATURE:</b>	AHA AHA	<u> </u>
Oph	2 June SEEL	LED
Signature of a member o	r an authorized representative of a member.	
constitutes an affirmation under the	18(3), Florida Statutes, the execution of this document is penalties of perjury that the facts stated herein altrue. Since submitted in a document to the Department of State	n: 53
John Grove		
	or printed name of signee	
Filing Fees:		
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: