

L11000127286



900213861089

11/07/11--01011--006 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
11 NOV -7 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 08 2011

EXAMINER

EFFECTIVE DATE 11/02/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LoRan 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:

Lillie L. Jackson
Name of Person

LoRan Consulting, LLC
Firm/Company

8211 Floral Drive
Address

Spring Hill, FL 34607
City/State and Zip Code

jjacks3@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

FILED
11 NOV - 7 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Jackson at (352) 238-1747
Name of Person Area Code & Daytime Telephone 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LoRan 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:

Mailing Address:

8211 Floral Drive
Spring Hill, FL 34607

8211 Floral Drive
Spring Hill, FL 34607

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:

Lillie L. Jackson
Name

8211 Floral Drive
Florida street address (P.O. Box **NOT** acceptable)
Spring Hill FL 34607
City, State, and Zip

FILED
11 NOV -7 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Lillie L. Jackson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 11/02/11

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Lillie L. Jackson
8211 Floral Drive
Spring Hill, FL 34607

MGR

James R. Jackson
8211 Floral Drive
Spring Hill, FL 34607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 2, 2011 (OPTIONAL)
(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:

Lillie L. Jackson

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.)

Lillie L. Jackson

Typed or printed name of signee

11 NOV 27 PM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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)