Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000006820 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES,

Account Number : 120020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. ELM CONSULTING ENGINEERS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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Corporate Filing Menu

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N. CUMBER JAN 1 0 201/29/2012

850-617-6381

COVER LETTER

Division of C	Section Corporations		
SUBJECT: ELM C	ONSULTING ENGINEE	irs, llc	
	Name of Lini	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing,	
Please return all corres	spondence concerning this mat	tter to the following:	
Paul Bohres			
		Nume of Person	
ELM Consul	ting Engineers, LLC		
		Firm/Compliny	•
6328 Courtn	ey Crest Lane		
	,	Address	
Jacksonville	FL 32258		
		ly/State and Zip Code	
paul.elm@at	t,net		
<u></u>		for future annual report notification)	
For further information	ooncerning this matter, pleas	e cali:	
Paul Bohres	V	nt (904)880-8860	
Nami	of Person	Area Code & Daytime Teler	phone Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filling 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 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	npany is:		
ELM CONSULTING ENGINEERS			
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability C	Company is:	:
Principal Office Address:	Mailing Address:		
3328 Courtney Crest Lane	6328 Courtney Crost Lane		
Jacksonville, FL 32258	Jacksonvillo, FL 32258		
	s of the registered agent arc:	12 JAN -9	17
	-	[유	ED
6328 Courtney Crest	t Lane	. ST.	
Florids	s street address (P.O. Box <u>NOT</u> acceptable)	8: 22 TATE	
Jacksonville	FL 32258		
	City, State, and Zlp		

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 Signature (REQUIRED)

Paul Bohres

(CONTINUED)
Page 1 of 2

(((H12000006820 3)))

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

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

<u>Title:</u>		Name and Address:			
"MGR" = Mana					
"MGRM" = Ma	naging Member				
MGRM		Paul Bohres			
		6328 Courtney Crest Lane			
	•	Jacksonville, Ft, 32258			
110011					
MGRM		Sharon Bohres			
		6328 Counney Creat Lane			
		Jacksonvillo, FL 32258			
					
	_				
(Use attachment	• .	late of filing: (OPTION	IAL)	
(If an effective date is li to or 90 days after the d	sted, the date must be	specific and cannot be more than five bu	siness da	ays pr	ior
<u>REQUIRED</u> SI	CNATURE:				
KINOOIKED GI	_	_	TAS:	<u>_</u>	
		Bohon	LLAH	9- NAC 3	
	Signature of a member	or an authorized representative of a member.	ASS	Ī	11
	(In accordance with sect of this document constitution that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)	TARY OF S	2	LED
	Paul Bohres		SA	ထ္	
	Тур	ed or printed name of signee	열	22	

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)

Page 2 of 2