## L12000005909

(Requestor's Name)
(Address)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

EFFECTIVE DATE 01/03/12



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TILED

12 JAN -6 FM 2:31

D. BRUCE
JAN 1 2 2012
EXAMINER

## **COVER LETTER**

TO: Registration of	n Section Corporations		
SUBJECT: MX	1 Consulting LLC	•	
	Name of Limi	ted Liability Company	_
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
Nichola	s Johnston		
<u> </u>		Name of Person	<del></del>
		·	
		Firm/Company	
844 Ne	ptune Pointe Lane		
		Address	<del></del>
Kissimm	ee, FL 34744		
1(1001111111		ty/State and Zip Code	<u> </u>
nick.john:	ston@gmail.com	,	ARA T
<del></del>		for future annual report notification)	1 P
For further informati	on concerning this matter, pleas	ee call:	Sign of C
Nick Johnston		_at (407 ) 460-6375	
Na	me of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	c for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &
	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

The name of the Limited Liability Company is:  MX1 Consulting LLC				
of the principal office of the Limited Liability Company i				
Mailing Address:				
844 Neptune Pointe Lane				
Kissimmee, FL				
34744				
,				

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:

Nicholas Johnston

Name

844 Neptune Pointe Lane

Florida street address (P.O. Box NOT acceptable)

Kissimmee

FL 34744 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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE . 01/03/12

## 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" = Managin	g Member
MGR	Nicholas Johnston
	844 Neptune Pointe Lane
	Kissimmee, FL 34744
MGRM	Cheryi Johnston
	844 Neptune Pointe Lane
•	Kissimmee, FL 34744
(Use attachment if ne	if other than the date of filing: 1/3/2012 (OPTIONAL) the date must be specific and cannot be more than five business days prior
to or 90 days after the date o	f filing.)
REQUIRED SIGNA	TURE:
Sign	nature of a member or an authorized representative of a member.
constitutes a I am aware	ce with section 608.408(3), Florida Statutes, the execution of this document in affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of state in third degree felony as provided for in s.817.155, F.S.)
N	icholas Johnston
	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)