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## **COVER LETTER**

TO: Registration S Division of Co		• • • • • • • • • • • • • • • • • • • •	·
SUBJECT: Fulcru	m Food Consult	ing, LLC	
		ted Liability Company	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Thomas F	R. Tipps		
•		Name of Person	
Fulcrum F	ood Consulting,	LLC	
		Firm/Company	
1 Beach l	Orive SE, # 2409		•
		Address	
Saint Peters	sburg, FL 33701		
TL		ty/State and Zip Code	
nomas ripp	s1@gmail.com  E-mail address: (to be used	for future annual report notification)	·
For further information	concerning this matter, pleas	se call:	
Thomas Tipps		at (727 ) 688-6235	
Name (	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	the following amount:		
S125.00 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 Cit Tallahassee, FL 32301	rcle

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

A	RT	CL	Æ	[ _ ]	Vam	e:

The name of the Limited Liability Company is:

## Fulcrum Food 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:

<b>Principal Office Address:</b>	Mailing Address:		
1 Beach Drive SE, #2409	1 Beach Drive SE, #2409		
St. Petersburg, FL 33701	St. Petersburg, FL 33701		

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:

Thomas R. Tip	os
	Name
1 Beach Dri	ve SE, #2409
Florida	street address (P.O. Box NOT acceptable)
St. Petersburg	<sub>FL</sub> 33701
	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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	т
MGR	Thomas R. Tipps
	1 Beach Drive SE, #2409
	St. Petersburg, FL 33701
MGRM	Paul Silverlieb
	2104 Raintree Drive
	Irving, TX 75063
(Use attachment if necessary)	
•	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
effective date is listed, the date m	nust be specific and cannot be more than five business days pr
00 days after the date of filing.)	•
DECLIDED SIGNATURE.	
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
<u> </u>	•
(In accordance with secti	tion 608.408(3), Florida Statutes, the execution of this document

(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.)

Thomas R. Tipps

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)