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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

	ation Section a of Corporations		•
SUBJECT: FI	orida Patriot Consult	ing LLC	
SUBJECT:		ted Liability Company	
The enclosed Art	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this mat	tter to the following:	
David	d A Stokes		
		Name of Person	
		Firm/Company	<u> </u>
2694	Blue Cypress Lake C	Court	
 		Address	
Cape (Coral Florida 33909		
davest	okes343@yahoo.com	ty/State and Zip Code	
		for future annual report notification)	
For further inforr	nation concerning this matter, pleas	e call:	
David A Sto		at (239 849-4143	
	Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a ch	neck for the following amount:		
\$125.00 Filing F	ee \$\int_\$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 Cliftonsee FI 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is;		
Florida Patriot Consulting LL	C		
(Must end with the words "Limited Lie		<u>"</u>	
	omy company, D.D.C., or D.D.C.	,	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limi	ted Liability Comp	any is
Principal Office Address:	Mailing Address:		
2694 Blue Cypress Lake Ct	2694 Blue Cypress Lak	ke Ct	
Cape Coral Florida 33909	Cape Coral Florida 339	909	
business entity with an active Florida registration.) The name and the Florida street address of the David A. Stokes			
Nan	-		
2694 Blue Cypre			
	address (P.O. Box NOT acceptab	le)	
Cape Coral	_{FL} 33909		
City,	State, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and completed accept the obligations of my position as regions.	n this certificate, I hereby acc city. I further agree to compl performance of my duties, at	cept the appointmen ly with the provisior ad I am familiar wit	nt as ns of al h and
David	(DECUMPE)	12 J SECI TALL	ve aniva i———
Registered Agent's Sign	iature (KEQUIKED)		5 1

(CONTINUED)

Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
MGR	David A. Stokes 2694 Blue Cypress Lake Court Cape Coral Florida 33909
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State are as provided for in s.817.155, F.S.)

David A. Stokes

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)