

L120VVU20813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

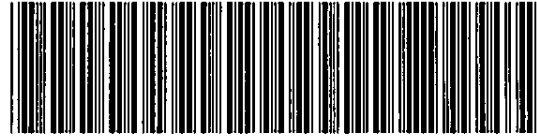
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FEB 13 2012

EXAMINER



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02/13/12--01005--019 **125.00

RECEIVED
12 FEB 13 PM 12:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

2/20/2012

FILED
12 FEB 13 PM 12:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bacot Consulting, LLC
(Name of Limited Liability Company)

FILED
12 FEB 13 PM 12:57
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Bacot

5841 Countryside Drive

Tallahassee, Florida 32317

EFFECTIVE DATE 2/20/2012

For further information concerning this matter, please call:

Lisa M. Bacot (850) 445-8329

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Bacot Consulting, LLC

ARTICLE II – Address:

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**5841 Countryside Drive
Tallahassee, Florida 32317**

Mailing Address:

**5841 Countryside Drive
Tallahassee, Florida 32317**

12 FEB 13 PM 12:57
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Lisa M. Bacot
5841 Countryside Drive
Tallahassee, Florida 32317**

EFFECTIVE DATE 2/20/2012

Having been named as registered agent and to accept service of process for the above named 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

(CONTINUED)

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:

Managing Member

**Lisa M. Bacot
5841 Countryside Drive
Tallahassee, Florida 32317**

ARTICLE V – Effective Date

The effective date of the Limited Liability Company is:

February 20, 2012

REQUIRED SIGNATURE:



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.)

Lisa M. Bacot

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)