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SECRELARY OF STATE ORIDA

C. LEWIS

APR 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SURJECT. Fonten	ot Consulting LI	_C		
SUBJECT:	Name of Limit	ed Liability Con	pany	
The enclosed Articles of	Organization and fee(s) are	submitted for fil	ing.	
Please return all correspon	ndence concerning this mat	ter to the followi	ing:	
Allison Fo	ntenot			
		Name of Person		
Fontenot (Consulting LLC			
		Firm/Company		
2512 25th	Copurt			
		Address		
Jupiter, FL				
		y/State and Zip C	ode	
Alley_Fonter	not@yahoo.com E-mail address: (to be used	for fisher constal		
. For further information or	oncerning this matter, pleas		eport nounteation	ny
Allison Fontenot		406	, 360-80 ⁻	14
Name of Person		at (406		Telephone Number
Enclosed is a check for	_		•	
√ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified ((additional c		S160.00 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	Regist Divisio Cliftor 2661 E	Courier Addration Section of Corporation Building Executive Centesses, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Fontenot 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: Principal Office Address: Mailing Address: 2512 25th Court 2512 25th Court Jupiter, FL 33477 Jupiter, FL 33477 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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: Allison Fontenot Name 2512 25th Court Florida street address (P.O. Box NOT acceptable) **Jupiter**

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..

City, State, and Zip

_{FL} 33477

Registered Agent's Signature (REOUIRED)

(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:		FILI 12 APR II	AM 11: 13
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETAR TALLAHASS	Y OF STATE SEE, FLORIDA
MRGM	Ailison Fontenot 2512 25th Court Jupiter, FL 33477		
(Use attachment if necessary)			
FICLE V: Effective date, if other than the d in effective date is listed, the date must be a r 90 days after the date of filing.)	ate of filing: specific and cannot be more than five	(OPTIONAL) business days) prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a memb	er.	
constitutes an affirmation under t I am aware that any false informa	108(3), Florida Statutes, the execution of this di the penalties of perjury that the facts stated her ation submitted in a document to the Department as provided for in s.817.155, F.S.)	ein are true.	

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)

Typed or printed name of signee