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Effective Date 4-12-12

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SECRETARY OF STATE
TALL AND SEEF FROM TO

J. SAULSBERRY EXAMINER

APR 16 2012

COVER LETTER

TO:

Registration Section

Division of Corporations			.•	. •	j
SUBJECT: 20p Consulting LLC			•		
	ed Liability Com	pany			
The enclosed Articles of Organization and fee(s) are s	submitted for filin	ng.			
Please return all correspondence concerning this matter	er to the followin	ıg:			
Bobbi Arroyo					<u>.</u>
	Name of Person				
20p Consulting LLC					_
	Firm/Company				
9285 106th Ave					
	Address			<u>⊣.</u> , ~	-
Vero Beach, FL 32967				2012 APR 13	Ti
City	y/State and Zip Co	de		ASE R	
bobbi@20pconsulting.com			·	(m) -<->	– m
E-mail address: (to be used for further information concerning this matter, please		port notification	ı)	AM 9: 21 DF STATE E. FLORID	O
Bobbi Arroyo	at (303	₎ 591-077	'3 ·	2	•
Name of Person	Area Co	de & Daytime T	elephone Numbe	r	
Enclosed is a check for the following amount:					
\$125.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co	•	Certified	e of Status &	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 E	Courier Addrestion Section of Corporation Building xecutive Centessee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
20p Consulting LLC		
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
9285 106th Ave	9285 106th Ave	
Vero Beach, FL 32967	Vero Beach, FL 32967	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Bobbi Arroyo	legistered Agent. You must designate an individ	dual or another 7012 APR -1 F L
	ame	See See
9285 106th Ave		
Florida stree	t address (P.O. Box NOT acceptable)	9: 2 STATE LOBIL
Vero Beach	_{FL} 32967	
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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Nathan Arroyo
····	9285 106th Ave
	Vero Beach, FL 32967
	
4-1-00	
(Use attachment if necessary)	
,	
FICLE V: Effective date, if other than	the date of filing: 04/12/2012 . (OPTIONAL)
	t be specific and cannot be more than five business days prior
r 90 days after the date of filing.)	
	7AL 20
REQUIRED SIGNATURE:	
Marke	- (1) SSEE
Signature of a mer	nber or an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution of this document
I am aware that any false in constitutes a third degree fe	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Nathan Arro	• •
	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)