

L12000112250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG 31 2012

EXAMINER



100239084281

08/30/12--01025--009 **160.00

FILED
12 AUG 30 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cheryl Checkers, M.S.
234 Porgee Rock Place
Jupiter, FL 33458
561-401-9979

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

Re: Limited Liability Company - Checkers & Associates Consulting, LLC.

7/5/2012

To whom it may concern:

I have enclosed the completed LLC Articles of Organization, along with a check for \$ 160.00 for the Filing Fee, Certificate of Status & Certified Copy.

Below, please find the additional requested information:

Cheryl Checkers, M.S.
234 Porgee Rock Place
Jupiter, FL 33458

Business mailing address:
P.O. Box 208
Jupiter, FL 33468-0208

Phone numbers:
Business phone number: 561-401-9979
Personal Cell phone number: 561-248-7235

Thank you for your consideration.

Sincerely,



Cheryl Checkers

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHECKERS & ASSOCIATES CONSULTING, LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cheryl Checkers

Name of Person

CHECKERS & ASSOCIATES CONSULTING, LLC.

Firm/Company

P.O. Box 208

Address

Jupiter, FL 33468-0208

City/State and Zip Code

CheckersConsulting@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Checkers

Name of Person

at (561) 401-9979

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHECKERS & ASSOCIATES 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:

234 Porgee Rock Place, Jupiter, FL 33458

Mailing Address:

P.O. Box 208, Jupiter, FL 33468-0208

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:

Cheryl Checkers

Name

234 Porgee Rock Place

Florida street address (P.O. Box **NOT** acceptable)

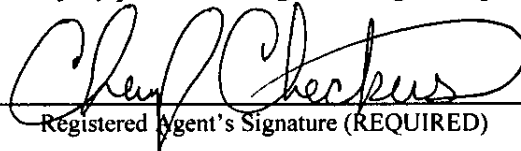
Jupiter

FL 33458

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Cheryl Checkers

234 Porgee Rock Place

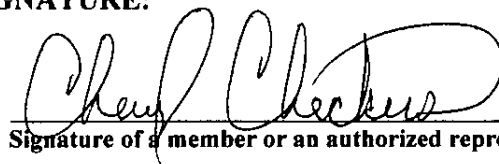
Jupiter, FL 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

Cheryl Checkers

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)