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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

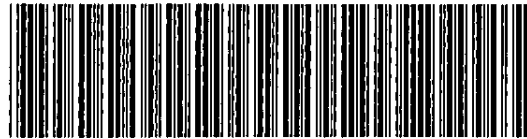
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12 OCT - 1 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attorney and Counselor at Law
DAVID A. MALONE, ESQUIRE
8 Granite Place, Suite 34
Gaithersburg, Maryland 20878
Tel.: 301.580-4349**

September 24, 2012

Mr. David Berset
6158 Palma del Mar, Apt. # 605
St. Petersburg, FL 33715

Re: PAX Consulting, LLC

Dear Dave:

Enclosed please find the cover letter and Articles of Organization for the above referenced LLC. Please sign page 1 of the Articles as Resident Agent of the LLC. Please also sign page 2 of the Articles as the Managing Member of the LLC and print your name on the line below the signature line. Send the cover letter and both signed pages of the Articles of Organization, with a check, in the amount of \$155.00, payable to "Florida Department of State", to the Department of State in the envelope I have enclosed.

Meanwhile, I will proceed to obtain an EIN for the LLC and to begin application for a business license in Pinellas County.

Please contact me at 301-580-4349 if you have any questions.

Yours truly,

David A. Malone
Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PAX 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:

David A. Malone, Esquire

Name of Person

Firm/Company

8 Granite Place, Suite 34

Address

Gaithersburg, MD 20878

City/State and Zip Code

davemalone@comcast.net

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

For further information concerning this matter, please call:

David A. Malone, Esquire

Name of Person

at (**301**) **580-4349**

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:

PAX 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:

6158 Palma del Mar Blvd.
Apt. # 605
St. Petersburg, FL 33715

Mailing Address:

Same

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:

David Berset

Name

6158 Palma del Mar, Apt. # 605

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

St. Petersburg FL 33715

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)

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12 OCT - 1 PM 1:50
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TALLAHASSEE, FLORIDA

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:

MGRM

David Berset

6158 Palma del Mar, Apt. # 605

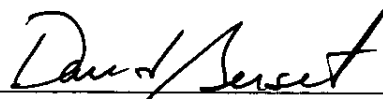
St. Petersburg, FL 33715

(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.)



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)