Electronic Filing Cover Sheet

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(((H12000280527 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. CARABALLO CONSULTING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	. 03
Estimated Charge	\$130.00

Electronic Filing Menu NOV 80 2012 Corporate Filing Menu

Help

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
CARABALLO 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:
11312 NW 65 ST 11312 NW 65 ST DORAL FL 33178 DORAL FL 33178
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: ALTNA CARABALLO
Name 11312 NW 65 ST
Florida street address (P.O. Box NOT acceptable)
DORAL FL 33178
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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	ess of each Manager or Managing Member is as follows:
<u>itle:</u> MGR" = Manager MGRM" ≈ Manag	Name and Address:
MGRM	ALTNA CARABALLO 11312 NW 65 ST DORAL FL 33178
MGRM	CHRISTOPHER CARABALLO 4137 MCLAUGHLIN AVE #2 405 ANGELES CA 90066
UGRM	LEILANI CARABALLO 1/3/2 NW 65 ST DORAL FL 33/78
EV: Effective dat	te, if other than the date of filing: (OPTIONAL)
E.V: Effective dat ective date is lister ays after the date	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days p of filing.)
E.V: Effective dat ective date is lister ays after the date	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days p of filing.)
E V: Effective date crive date lister date date date REQUIRED SIGN	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days p of filing.)
ective date is lister lays after the date REQUIRED SIGN	te, if other than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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