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TALLAHASSEE FLORIDA

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EXAMINER

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Food & Fire Safety 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:

**Joby Pullappally**

Name of Person

**Food & Fire Safety Consulting, LLC**

Firm/Company

**2602 Queen Alberta Dr**

Address

**Valrico, FL 33596**

City/State and Zip Code

**pullapj2@gmail.com**

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

For further information concerning this matter, please call:

**Joby Pullappally**

Name of Person

at ( **727** ) **643-8708**

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

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TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Food & Fire Safety 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:

2602 Queen Alberta Dr

Valrico, FL 33596

### Mailing Address:

P.O. Box 2521

Valrico, FL 33595

## 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:

Joby Pullappally

Name

2602 Queen Alberta Dr

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

Valrico, 33596

FL

City, State, and Zip

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*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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EFFECTIVE DATE 01/01/13

The name and address of each Manager or Managing Member is as follows:

**Name and Address:**

Valrico, FL 33595

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