L13000027778

(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

FEB 22 2019 B. KOHR



000244563030

02/21/13--01023--021 **130.00

13 FEB 21 PH 3: 25
SECRETARY OF STATE

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Glynn 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:

Gerard F. Glynn

Name of Person

Glynn Consulting, LLC

Firm/Company

503 Florida Street

Address

Orlando, FL 32806

City/State and Zip Code

gerardfglynn63@gmail.com

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

For further information concerning this matter, please call:

Gerard Glynn

...407

234-2049

Name of Person

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

The name of the Limited Liability Com	pany is:
Glynn Consulting, LLC	<u> </u>
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
The maining address and street address	of the principal office of the Limited Elability Company is.
Principal Office Address:	Mailing Address:
503 Florida Street	503 Florida Street
Orlando, FL 32806	Orlando, FL 32806
The name and the Florida street address Dubois Law Group	Name Name Name
390 N. Orange Avenue,	<u> </u>
	a street address (P.O. Box <u>NOT</u> acceptable)
Orlando,	FL 32801 City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as an ais capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

03 (CD) 3 (Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
Gerard F. Glynn	503 Florida Street
	Orlando, FL 32806
Angola Halladay	503 Florida Street
Angela Halladay	Orlando, FL 32806

	,
(Use attachment if necessary)	
LE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTION ate must be specific and cannot be more than five business.
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of	than the date of filing: (OPTION ate must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of	than the date of filing: (OPTION ate must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of the date	than the date of filing: (OPTION ate must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of the REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any factors.)	than the date of filing: (OPTION ate must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of the REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any factors.)	a member or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of its REOUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degree of the constitutes and the constitutes and the constitutes at the degree of the constitutes at the constitutes at the degree of the constitutes at the degree of the constitutes at the c	than the date of filing: (OPTION ate must be specific and cannot be more than five busing filing.) a member or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. This information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.)
ffective date is listed, the date of 90 days after the date of 10 REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degree of the constitutes at the date of the constitutes at the con	a member or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of its REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any factor fitted and F. Gly Filing Fees: \$125.00 Filing Fee for Articles	a member or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of EREQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degenerate. Gerard F. Gly	than the date of filing: