

3/13/13

L13000038380

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000058650 3)))



H130000586503ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: judy22@gmail.com

FILED
13 MAR 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 MAR 13 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Ludy Executive Consultants LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

MAR 14 2013

B. ROHR

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H13000058650

ARTICLE I - Name

The name of the Limited Liability Company is: **Ludy Executive Consultants 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:

2021 North Lemans Boulevard

2021 North Lemans Boulevard

Tampa, FL 33607

Tampa, FL 33607

FILED
13 MAR 13 AM 9:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Jeffrey Ludy

Name

2021 North Lemans Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Tampa, FL 33607

(City / State / 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 Signature - Jeffrey Ludy

ARTICLE IV - Manager(s) or Managing Member(s):

H13000058650

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Jeffrey Ludy - 2021 North Lemans Boulevard, Tampa, FL 33607

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Jeffrey Ludy

Typed or printed name of signee