1300041260

(Re	questor's Name)	
(Ada	dress)	
- (Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
] !		

Office Use Only

MAR 19 2013

G. McLEOD



300245451023

03/14/13--01013--017 **130.00



(850).245-6051.

COVER LETTER

TO: Registration Section Division of Corporations

Cynthia W. Curry 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:

return an correspondence concerning this in	iatter to the ronown.	'd'
Cynt	thia W. C	urry
	Name of Person	
Cynthia W. Curry C	onsulting	,LLC
	Firm/Company	
5273 SW 158 Aven	ue	
	Address	
Miramar, FL 33027	•	
	City/State and Zip Co	de
cynwcurry@aol.com		
E-mail address: (to be us	ed for future annual re	port notification)
ther information concerning this matter, ple	ase call:	
nthia W. Curry	305	613-5318

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

ARTICLE I - Name:				
The name of the Limited Liability Cor	npany is:			
Cynthia W. Curry Consulting, LLC				
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	of the principal office of the Limited Li	iability Com	ipany	is:
		,	1	
Principal Office Address:	Mailing Address:			
2851 Banchory road	5273 SW 158 Avenue			
Winter Park, FL 32792	Miramar, FL 33027	office of the Limited Liability Company is: ing Address: SW 158 Avenue ar, FL 33027 c, & Registered Agent's Signature: at. You must designate an individual or another ed agent are:		
A DOTTION IN THE REAL PROPERTY OF THE REAL PROPERTY				
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	own Registered Agent. You must designate an indivi	s Signature idual or another	:	
The name and the Florida street addres	is of the registered agent are:			
Kymberlee C. Smith		are alle		
	Name		MAR	17
10725 Richmond Place	•	4	ŧ.	* totales
	a street address (P.O. Box NOT acceptable)			
Cooper City	FI. 33026	17) 18k 21 01	-E	
	City, State, and Zip		မ္သာ	A STATE OF THE PARTY OF THE PAR
Having been named as registered ager	nt and to accept service of process for the	ahove state		ited
	nated in this certificate, I hereby accept the			
registered agent and agree to act in th	his capacity. I further agree to comply wi	ith the provi	sions	of
	l complete performance of my duties, and			
and accept the obligations, of my posit	tion as registered agent as provided for in	n Chapter 60	98, F.	S
Dun Ser (a)	11. Thus			
Registered Age	nt's Signature (REQUIRED)			
,	CONTINUED)			
<u> </u>	,			

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW — Wanaging Weinbei	
Manager	Cynthia W. Curry
	5273 SW 158 Avenue
	Miramar, FL 33027
	
(Use attachment if necessary)	
CLE V: Effective date, if other than teffective date is listed, the date mu	he date of filing: (OPTIONAL ust be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing. REQUIRED SIGNATURE:	this M. Lurry
CLE V: Effective date, if other than the effective date is listed, the date must be or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under I am aware that any false info	Unit be specific and cannot be more than five business Miss M. Lurry
CLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felority.	ber or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State

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