Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000128867 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940

Fax Number

: (800)293-4075

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

Email Address:	mylebron@cfl.RR.com	

FLORIDA LIMITED LIABILITY CO.

Entrepreneurial Foresight LLC

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

https://efile.sunbiz.org/scripts/efilcovr.exe

FILEDE 2 OF 3

2013 JUN -7 AN 8: 04

SECRETARY OF STATE TALLAHASSHEGOORREAGT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Entrepreneurlal Foresight LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

The maning address and succi address of the principal	Torrice of the Ellinical Elability Company is.
Principal Office Address:	Mailing Address:
2195 Hwy A1A, Apt. 601	2195 Hwy A1A, Apt, 601
Indian Harbour Beach, FL 32937	Indian Harbour Beach, FL 32937
ARTICLE III - Registered Agent, Register	rad Office & Benjatored Acousta Signature
The name and Florida street address of the registered	
Ma <u>ria C, L</u> a	abron
	Name
2195 Hwv /	
	A1A, Apt, 601
· · · · · · · · · · · · · · · · · · ·	O. Box or Mail Drop Box <u>NOT</u> Acceptable)
(P.	

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 August's Signature - Maria C. Lebron

stated herein are true.)

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		H13000128867
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGRM	Norman A. Davis - 2195 Hwy A1A, Apt. 601, Indian Harbour Be	ach, FL 32937
MGRM	Maria C. Lebron - 2195 Hwy A1A, Apt. 601, Indian Harbour Bea	ach, FL 32937
		
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
Signature o	marie C. Library Tamember or authorized representative of a member.	
	e with section 608.408(3), Florida Statutes, the execution o stitutes an affirmation under the penalties of perjury that t	

Maria C. Lebron

Typed or printed name of signee