

L13000154512

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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10/17/13--01010--019 \*\*125.00

EFFECTIVE DATE

11-1-13

FILED

13 NOV - 1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 4 2013

T. BROWN

~~11-3-582-74~~

~~28776~~

(850) 245-6051

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: e10consulting.com 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:

Calev Jimenez  
Name of Person

e10consulting.com LLC  
Firm/Company

665 NE 195 ST. #221  
Address

North Miami Beach, FL 33179  
City/State and Zip Code

Calev@e10consulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calev Jimenez at (954) 534-5318  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2013

CALEV JIMENEZ  
E 10 CONSULTING.COM LLC  
665 NE 195 STREET #221  
N MIAMI BEACH, FL 33179

SUBJECT: E 10 CONSULTING.COM LLC  
Ref. Number: W13000058274

We have received your document for E 10 CONSULTING.COM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 413A00024543

EFFECTIVE DATE

11-1-13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

E70 consulting.com LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
13 NOV - 1 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

665 NE 195 St. #221  
North Miami  
Florida 33179

**Mailing Address:**

665 NE 195 St. #221  
North Miami  
Florida 33179

**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:

CALEV Jimenez

Name

665 NE 195 St. #221

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

North Miami, FL 33179

City, State, and 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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Calev Jimenez  
665 NE 195 Street. #221  
North Miami, FL 33179

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/2013 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Calev Jimenez

Typed or printed name of signee

**Filing Fees:**

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