

L13000158036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

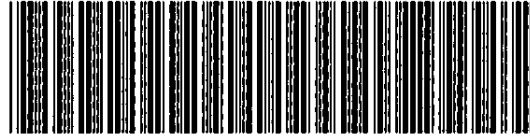
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/08/13--01029--001 **160.00

EFFECTIVE DATE
11/5/13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2913 NOV -8 PM 12:04

FILED

N. Ouffen NOV 12 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S.A.C. 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:

SHEILA CONNER

Name of Person

S.A.C. CONSULTING LLC

Firm/Company

276 COCOBOLO DRIVE

Address

SANTA ROSA BEACH FL 32549

City/State and Zip Code

sacconsultingllc@yahoo.com

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

For further information concerning this matter, please call:

Sheila Conner

Name of Person

at (**850**) **2253119**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Company is:

SAC CONSULTING LLC

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

ARTICLE II - Address:

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

Principal Office Address:

276 COCOBOLO DRIVE

SANTA ROSA BEACH FL

32459

Mailing Address:

276 COCOBOLO DRIVE

SANTA ROSA BEACH FL

32459

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:

SHEILA ANN CONNER

Name

276 COCOBOLO DRIVE

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

SANTA ROSA BEACH 3245

City, State, and Zip

FILED
2019 NOV - 8 PM 12: 04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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'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

Name and Address:

MGRM

SHEILA ANN CONNER

276 COCOBOLO DRIVE


SANTA ROSA BEACH FL 32459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/05/2013. (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.)

SHEILA ANN CONNER

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)

FILED
2013 NOV -8 PM 12:04
STATE OF FLORIDA
TALLAHASSEE