

L14000060883

(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:

CORRECTION TO DOC PER
CONVERSATION WITH
MARGARET O'BRIEN
4/14/2014 KS

Office Use Only



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04/10/14--01028--018 **160.00

FILED
2014 APR 10 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 14 2014

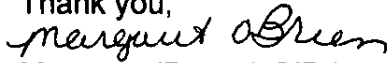
April 7, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

I would like to request an LLC. Per the instructions, here is the cover letter with my name, address and daytime phone numbers.

Margaret O'Brien
110 Heron Drive
Palm Coast, FL 32137

Home: 386-338-3105
Cell: 608-509-2707

Thank you,

Margaret (Peggy) O'Brien

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'Brien Planning & 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:

Margaret O'Brien
Name of Person

O'Brien Planning & Consulting, LLC
Firm/Company

110 Heron Drive
Address

Palm Coast FL 32137
City/State and Zip Code

Peggytobrien52@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret O'Brien at (386) 338-3105
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 Company is:

O'Brien Planning & 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:

110 Heron Drive
Palm Coast, FL 32137

Mailing Address:

110 Heron Drive
Palm Coast, FL 32137

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:

Margaret O'Brien
Name

110 Heron Drive
Florida street address (P.O. Box **NOT** acceptable)
Palm Coast FL 32137
City 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 605, F.S..

Margaret O'Brien

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

OWNER

Name and Address:

Margaret OBrien
110 Heron Drive
Palm Coast, FL 32137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Margaret OBrien

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Margaret OBrien

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)