

L14000061386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

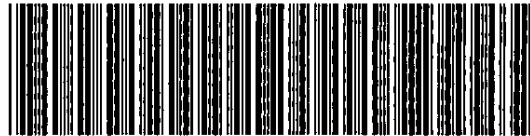
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/28/14--01013--015 \*\*155.00

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2014 APR 14 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2013

T. HAMPTON

-01508-1411

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTERNAL AUDIT AND BUSINESS 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:

CALVIN LLOYD ANDERSON SR.  
Name of Person

INTERNAL AUDIT AND BUSINESS CONSULTING LLC.  
Firm/Company

5544 NW 54TH CIRCLE  
Address

COCONUT CREEK FL. 33073-3736  
City/State and Zip Code

CLVNANDERSON@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALVIN ANDERSON SR. at ( 954 ) 481 - 9733  
Name of Person 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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

April 1, 2014

CALVIN LLOYD ANDERSON SR  
5544 NW 54TH CIR  
COCONUT CREEK, FL 33073-3736

SUBJECT: INTERNAL AUDIT AND BUSINESS CONSULTING LLC  
Ref. Number: W14000020596

We have received your document for INTERNAL AUDIT AND BUSINESS CONSULTING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 014A00006896

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERNAL AUDIT AND BUSINESS 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:**

**Mailing Address:**

5544 NW 54TH CIRCLE

COCONUT CREEK

FLORIDA 33073-3736

**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:

CALVIN LLOYD ANDERSON SR.

Name

5544 NW 54TH CIRCLE

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

COCONUT CREEK

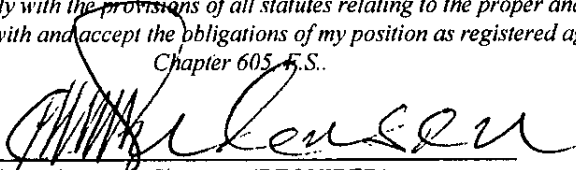
FL

33073-3736

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

MGR = DIRECTOR

**Name and Address:**

CALVIN L. ANDERSON SR.  
5544 NW 54TH CIRCLE  
COCONUT CREEK, FL. 33073-3736

MGR = DIRECTOR

KIRK O. THOMPSON  
313 SW 78TH AVE.  
NORTH LAUDERDALE, FL. 33068

MGR = DIRECTOR

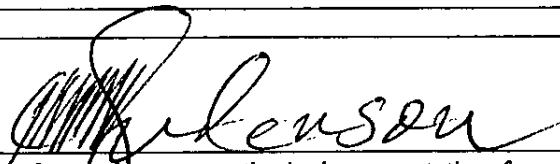
CALVIN L. ANDERSON JR.  
5544 NW 54TH CIRCLE  
COCONUT CREEK, FL. 33073-3736

(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:**



**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.)

CALVIN L. ANDERSON SR.  
Typed or printed name of signer

**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**  
2014 APR 14 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA