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(Re	equestor's Name)	
(Ad	ldress)	<u></u>
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE DU/OI/14



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESC Project 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:	
Elizabeth Crawford  Name of Person	
Audite of Ferson	
ESC Project Consulting, LLC	
Firm/Company	
2324 Leu Road	
Address	
Orlando, Florida 32803  City/State and Zip Code	
esc@escprojectconsulting.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	N Face
Elizabeth Crawford at ( 407 ) 538-8948	
Name of Person Area Code Daytime Telephone Num	nber 3
Enclosed is a check for the following amount:	2 - T
Certificate of Status Certified Copy Certifice (additional copy is enclosed) Certified	Filing Fee, cate of Status & Copy I 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:			
ESC Project Consulting LLC			
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company	/ is:	
Principal Office Address:	Mailing Address:		
2324 Leu Road	2324 Leu Road		
Orlando, Florida 32803	Orlando, Florida 32803		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must designate ation.)	e an individual	or
Elizabeth Crawford	-		
	me		
2324 Leu Road			
Florida street address (P.O. I	Box NOT acceptable)		
Orlando	FL 32803		
City	Zip		
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch	cept the appointment as registered agent a ons of all statutes relating to the proper and	nd agree to act d complete perf	t in this formance
Registered Agent's Sig	1	18547.07 1101 VACA 181.07 KZ 1811.1107	NA NA
Page 1	•		
I age I	<b>~-</b>		

EFFECTIVE DATE DISPOSITE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Wanager	Elizabeth Crawford
THO IT	2324 Leu Road
	Orlando, Florida 32803
ective date is listed, the date must l of filing.)	e date of filing: <u>June 1, 2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ective date is listed, the date must lof filing.)	
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E V: Effective date, if other than the lective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of per ury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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