

L14000106776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

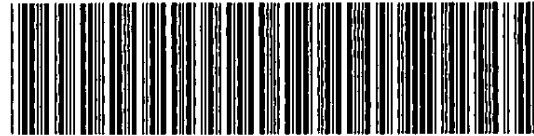
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261464169

07/07/14--01006--007 **160.00

APPROVED
AND
FILED
14 JUL -7 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

61034-201 000001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G Warren Consulting Firm, 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:

Gwendolyn Warren
Name of Person

G Warren Consulting Firm, LLC.
Firm/Company

4428 Mt. Pleasant Road
Address

Quincy, Florida 32352
City/State and Zip Code

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

For further information concerning this matter, please call:

Gwendolyn Warren at (850) 856-5261
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)	X \$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: G Warren Consulting Firm, LLC.

ARTICLE II: PRINCIPAL OFFICE

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

Principal Office Address:

4428 Mt. Pleasant Road
Quincy, Florida 32352

Mailing Address:

4428 Mt. Pleasant Road
Quincy, Florida 32352

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:

Gwendolyn Warren
Name

4428 Mt. Pleasant Road
Florida street address (P.O. Box NOT acceptable)

Quincy, FL 32352

City Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -7 AM 10:14

APPROVED
AND
FILED

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, FS.

Gwendolyn Warren
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR/MGR

**Gwendolyn Warren
4428 Mt. Pleasant Road
Quincy, Florida 32352**

(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.

None

REQUIRED SIGNATURE:

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

14 JUL -7 AM 10:14
RECEIVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Gwendolyn Warren
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)**