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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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600261607586 08/14/14--01035--007 **125.00



COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ECT: <u>Scowde</u>	en Consulting, LLC Name of Lin	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Scott Scott	owden	Name of Person	
			Firm/Company	
	5808 N E	Dean Rd.		·
			Address	
	Orlando,	FL 32817	City/State and Zip Code	
			htty/State and Zip Code	
<u>ra</u>	ttrick1@gmail	.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple		
Scott	Scowden	at (407) 4890070	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
☑ \$ 125.0	0 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)
		Iling Address istration Section	Street/Courler Add Registration Section	ress
	Divi	ision of Corporations	Division of Corporat	tions

P.O. Box 6327

Tallahassee, FL 32314

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:		
·		
Scowden Consulting, LLC	4.41 1.4114. C	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
5808 N Dean Rd.	5808 N Dean Rd.	termon hid and a company of the comp
Orlando, FL 32817	Orlando, FL 32817	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its over another business entity with an active Florida registra.) The name and the Florida street address of the register.	wn Registered Agent. You must de tion.)	
Scott Scowden		
Na	me	
5808 N Dean Rd.		
Florida street address (P.O. E	Box <u>NOT</u> acceptable)	
<u>Orlando</u> City	FL 32817 Zip	
Chy	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 provision of my duties, and I am familiar with and accept the Ch	cept the appointment as registered ons of all statutes relating to the pro	agent and agree to act in this oper and complete performance
At la	-	14 A I SHCRI
Registered Agent's Sig	gnature (REQUIRED)	
(CONTIN	NUED)	
Page 1	of2	

Scott Scowden 5808 N Dean Rd. Orlando, FL 32817 if other than the date of filing:	<u> Fitle:</u>	Name and Address:
Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member of signative of perjury that the facts stated herein are life, that any false information submitted in a document to the Department of State or a static degree felony as provided for in s.817.155, F.S.) Scott Scowden Typed or printed name of signate Filling Fees: Typed or printed name of Registered Agent	AMBR" = Authorized Member	
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Orlando, FL 32817 Gordando, FL 32817 Gordand	WOK.	5808 N Dean Rd
if other than the date of filing:		Orlando, FL 32817
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