LIGOOFFA

(Requestor's Name)
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· _
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJE	ECT: <u>Fivgas</u>	Consulting, LLC Name of Li	mited Liability Company	·
		of Organization and fee(s) a	-	
Please	return all corre	espondence concerning this r	natter to the following:	
	John Fiv	gas		
			Name of Person	
	Fivgas C	Consulting, LLC		
			Firm/Company	
	<u>1510 Ea</u>	st Lloyd Street		
			Address	
	Pensaco	la, Florida 32503		
		•	City/State and Zip Code	
Ļfis	/gas@att.net	E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>John f</u>			850) 433-4119	
	Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclose	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/Courier Add Registration Section	ress

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

Registration Section
Division of Corporations
Clifton Building .
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Fivgas Consulting, LLC (Must end with the words	"Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
1510 East Lloyd Street Pensacola, Florida 32503	1510 East Lloyd Street Pensacola, Florida 32503	3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	s its own Registered Agent. You must de egistration.)	
J. Rod Cameron		
	Name	
5089 Highway 90 Florida street address (I	P.O. Box NOT acceptable)	
Pace	FL 32571	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	by accept the appointment as registered a ovisions of all statutes relating to the prop	ngent and agree to act in this oer and complete performance
	od Cameron	7.5
Register Agent	t's Signature (REQUIRED)	433
(CO	NTINUED)	A Por
1	Page I of 2	

<u>Title:</u> "AMBR" = Authorized Mo "MGR" = Manager	Name and Address: mber
AMBR	John Fivano
VINDIZ	John Fivgas 1510 East Lloyd Street
	Pensacola, Florida 32503
	T ensacora, Florida 02000
	
	
	
(11	v)
(Use attachment if necessale V: Effective date, if othe ective date is listed, the date filling.)	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-