

L14000164562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

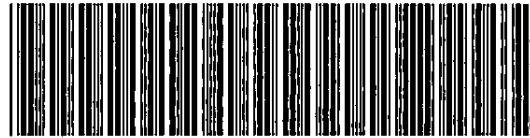
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/14--01037--002 \$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 PM 4:55

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W/14
57559

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2732

T. Bush OCT 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORTHINGTON INNOVATION CONSULTANTS LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Yakar
Name of Person

WORTHINGTON INNOVATION CONSULTANTS, LLC.
Firm/Company

4206 WORTHINGTON DRIVE
Address

WINTER PARK FL 32789
City/State and Zip Code

michig9@msn.com
E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael YAKAR at 844 789-2173
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)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6527
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Olden Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2014

MICHAL YAKAR
426 WORTHINGTON DR
WINTER PARK, FL 32789

SUBJECT: WORTHINGTON INNOVATION CONSULTANTS LLC
Ref. Number: W14000057559

We have received your document for WORTHINGTON INNOVATION CONSULTANTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain the names and street addresses of the members or managers of the limited liability company.

The document is illegible and not acceptable for imaging.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 614A00020132

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Worthington Innovation Consultants, 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:

426 Worthington Dr.
Winter Park, FL 32789

426 Worthington Dr.
Winter Park, FL 32789

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:

Gokul Padmanabhan
Name

1821 Verde Way
Florida street address (P.O. Box NOT acceptable)

Orlando, FL 32825
City Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Gokul Padmanabhan
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

MGR

AMBR

Name and Address:

Michael Yakar
426 Worthington Dr.
Winter Park, FL 32789

Gokul Padmanabhan
1821 Verde Way
Orlando, FL 32835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 15 PM 4:55

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/10/14 (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.)

MICHAEL YAKAR
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)