

L15000021923

(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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Office Use Only



500268412185

01/15/15--01018--014 **160.00

Effective Date 1/30/15

FILED

15 FEB -3 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 5 2015

T. HAMPTON

215-6885

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heazlitt 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:

Michael S. Heazlitt

Name of Person

Heazlitt Consulting, LLC

Firm/Company

28263 Kipper Lane

Address

Bonita Springs, FL 34135

City/State and Zip Code

mike.heazlitt@9to5seating.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Heazlitt

Name of Person

at (301) 720-1178

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 6327
Tallahassee, FL 32314

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2015

MICHAEL S HEAZLITT
28263 KIPPER LN
BONITA SPRINGS, FL 34135

SUBJECT: HEAZLITT CONSULTING, LLC
Ref. Number: W15000006888

RECEIVED
15 FEB -3 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for HEAZLITT CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by the name of DAVIDSON & NICK CPAS. The name of the registered agent must be the same as listed on our database for the corporation/fictitious name listed.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 815A00001919

Effective Date 1/30/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heazlett Consulting, 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:

28263 Kipper Lane

Bonita Springs, FL 34135

28263 Kipper Lane

Bonita Springs, FL 34135

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:

Davidson, Nick and Co, C.P.A.'s Inc
Name

2400 Tamiami Tr N # 201

Florida street address (P.O. Box NOT acceptable)

Naples

City

FL

34103

Zip

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..

Paul C. Gint

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 FEB - 3 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael S. Heazlett
28263 Kipper Lane
Bonita Springs, FL 34135

AMBR

Holly A. Heazlett
28263 Kipper Lane
Bonita Springs, FL 34135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/30/2015 (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:

Michael S. Heazlett

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 S. Heazlett

Typed or printed name of signer

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)

FILED
15 FEB -3 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA