

LB000075259

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

WLS-25723

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2015 APR 29 PM 2:47  
DEPT. OF STATE  
TALLAHASSEE FLORIDA

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APR 29 2015  
OFFICE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2015

JACK D UPTON  
25025 PALISADE RD  
PUNTA GORDA, FL 33983

SUBJECT: LEAN CONSULTING SOLUTIONS, LLC  
Ref. Number: W15000025723

We have received your document for LEAN CONSULTING SOLUTIONS, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 19, 2015. Please amend your document accordingly.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 515A00007342

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DEPARTMENT OF STATE  
CORPORATION SERVICES  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lean Consulting Solutions, LLC (LCS, 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:

Jack D. Upton  
Name of Person

Lean Consulting Solutions, LLC (LCS, LLC)  
Firm/Company

25025 Palisade Rd  
Address

Punta Gorda, FL  
City/State and Zip Code

Upton.J@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack D. Upton at ( 812 ) 319-1106  
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 6327  
Tallahassee, FL 32314

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

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 DIVISION OF STATE  
 OF TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lean Consulting Solutions, 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:

25025 Palisade Rd Punta Gorda, FL 33983

25025 Palisade Rd Punta Gorda, FL 339

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:

Jack D. Upton  
Name

25025 Palisade Rd  
Florida street address (P.O. Box NOT acceptable)

Punta Gorda                      FL 33983  
City    Zip

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HIGHLAND 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.*

Jack D. Upton  
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

Name and Address:

Jack D. Upton

25025 Palisade Rd

Punta Gorda, FL

AMBR

Kathy A. Parry

16675 Forest Blvd, Suite 104

Fort Myers, FL 33908

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/15/2015 (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:**

Jack D. Upton

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.)

Jack D. Upton

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)

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TALLAHASSEE FLORIDA  
STATE DEPARTMENT OF REVENUE