

L15000084F54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

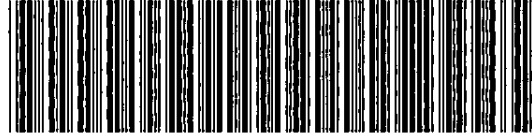
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 14 2015



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Legal Solutions for Business and Life

Internet E-mail  
[slitalien@hhmlaw.com](mailto:slitalien@hhmlaw.com)

May 5, 2015

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

RE: M2H Consulting, LLC

Dear Sir or Madam:

Enclosed for filing please find an *Articles of Organization for Florida Limited Liability Company* form for the above-referenced company along with a check in the amount of \$125 for the filing fee.

Please feel free to contact me with any questions. Thank you for your assistance in this matter.

Yours truly,



SHAWNA L. L'ITALIEN

John L. Pogue  
Paul M. Dutton  
James L. Blomstrom  
Frederick S. Coombs, III  
Alan D. Wenger  
William L. Hawley  
Thomas G. Carey, Jr.  
John T. Dellick  
Kevin P. Murphy  
Neil H. Maxwell  
Martin J. Boetcher  
Patrick K. Wilson  
Neil D. Schor  
Shawna L. L'Italien  
Michael J. McGee  
George P. Millich, Jr.  
Matthew G. Vansuch  
Denise Glinatsis Bayer  
Vito J. Abruzzino  
Megan M. Millich  
Matthew M. Ries

SLL:dka  
Enclosures

{00252958-1}

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M2H 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:

Shawna L. L'Italien  
Name of Person

Harrington, Hoppe & Mitchell, Ltd.  
Firm/Company

2235 E. Pershing Street, Suite A  
Address

Salem, Ohio 44460  
City/State and Zip Code

slitalien@hhmlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna L. L'Italien at ( 330 ) 259-3762  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M2H 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:**

7850 Gulfstream Blvd.

Marathon, FL 33050

7850 Gulfstream Blvd.

Marathon, FL 33050

**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:

Michael E. Hubbs

Name

7850 Gulfstream Blvd.

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

Marathon

City

FL 33050

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Address:**

Michael E. Hubbs  
7850 Gulfstream Blvd.  
Marathon FL 33050

\_\_\_\_\_  
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(Use attachment if necessary)

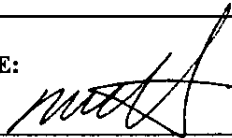
**ARTICLE V:** Effective date, if other than the date of filing: June 1, 2015 (OPTIONAL)

(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:**



**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 E. Hubbs

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)**

FILED  
15 MAY - 8 PM 3:55  
DEPARTMENT OF STATE  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA