

L15000118004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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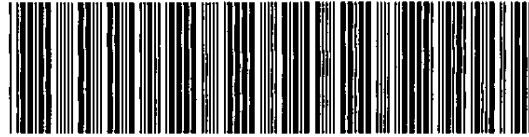
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUL 13 PM 2:09  
NOTARY PUBLIC  
ALABAMA

7/15/15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B. Davis 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:

Brett A. Davis

Name of Person

B. Davis Consulting, LLC.

Firm/Company

159 Hazel St.

Address

Cotter, AR 72626

City/State and Zip Code

brettdavistcb@gmail.com

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

For further information concerning this matter, please call:

<u>Brett A. Davis</u>	at ( <u>321</u> )	<u>948-3137</u>
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 Address**

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

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15 JUL 13 PM 2:09  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2015

**RECEIVED JUL 13 2015**

BRETT A. DAVIS  
159 HAZEL STREET  
COTTER, AR 72626

SUBJECT: B. DAVIS CONSULTING, LLC  
Ref. Number: W15000042035

We have received your document for B. DAVIS CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00012767

FILED  
15 JUL 13 PM 2:09  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B. Davis Consulting, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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15 JUL 13 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

601 Starkey Rd. Lot 232

Largo, FL 33771

**Mailing Address:**

159 Hazel St.

Cotter, AR 72626

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:

Sandcastle Realty Inc.

Name

201 108th Avenue

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

Treasure Island

FL

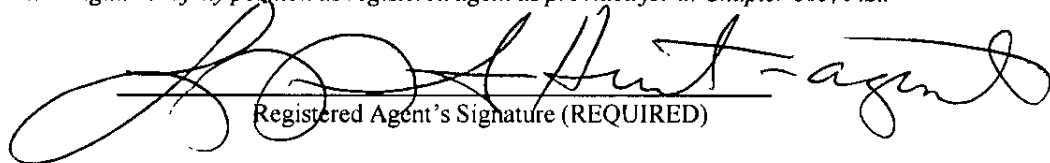
33706

City

State

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)

**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:**

Brett A. Davis

601 Starkey Rd. Lot 232

Largo, FL 33771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Brett A. Davis*

**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.)

Brett A. Davis

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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15 JUL 13 PM 2:10  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE