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(Re	equestor's Name)	
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COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJEC	Professional Management and Lead	ership Consul	tants LLC
SOBJE		imited Liabili	ty Company
The encl	losed Articles of Organization and fee(s) a	are submitted	for filing.
Please re	eturn all correspondence concerning this r	natter to the f	ollowing:
	Robin A. Evans		
		Name of	Person
	Professional Management and Leader	rship Consulta	ints LLC
		Firm/Co	mpany
	9928 Torrisdale Loop		
		Addre	ess
	Land O Lakes, FL 34638		
	rdevans2@yahoo.com	City/State and	1 Zip Code
	E-mail address: (to be use	ed for future a	nnual report notification)
For furthe	er information concerning this matter, plea	se call:	
	Brian S Clukie	813	997-2099
		Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}	L——Certific	0 Filing Fee & \$\ \text{Copy} \text{\$160.00 Filing Fee,} \\ \text{Certificate of Status & } \text{Certified Copy} \\ \text{(additional copy is enclosed)}
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:		
Professional Manager	nent and Leadership Co	onsultants LLC	
	with the words "Limited		"L.L.C.," or "LLC.")
		_	
ARTICLE II - Address:	ldaan of the animal o	Cinn a Caba I imited	Liability Commonstia
The mailing address and street ad	idress of the principal o	mice of the Limited	Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
9928 Torrisdale Loop	•	9928	Torrisdale Loop
Land O Lakes, FL 34	1638	Land	O Lakes, FL 34638
•	cannot serve as its own	Registered Agent. Y	t's Signature: 'ou must designate an individual or
	cannot serve as its own	Registered Agent. Y	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	Registered Agent. Y	
(The Limited Liability Company	cannot serve as its own ctive Florida registratio address of the registered	Registered Agent. Y	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	Registered Agent. Yn.) agent are:	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio address of the registered	Registered Agent. Y	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio address of the registered	Registered Agent. Yn.) agent are: Name	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration ddress of the registered Robin A. Evans	Registered Agent. Yn.) agent are: Name	ou must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration ddress of the registered Robin A. Evans 9928 Torrisdale Loop	Registered Agent. Yn.) agent are: Name	ou must designate an individual or

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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	n ti a n
MGR	Robin A Evans
	9928 Torrisdale Loop
	Land O Lakes, FL 34638
MGR	Brian S Clukie
	9928 Torrisdale Loop
	Land O Lakes, FL 34638
77	
ective date is listed, the date must be s	te of filing: 11/01/2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.)	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNAPURE:	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNAPURE: Signature of a many This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNAPURE: Signature of a many This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not of State's records. Compared to a member or an authorized representative of a member. The provided in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State

as

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)