

L16000018693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

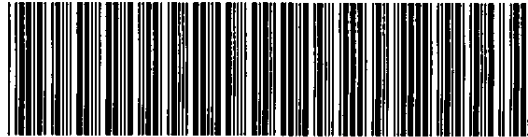
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800280640978

01/21/16--01020--024 **125.00

FILED
16 JAN 21 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR-1-15
7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carlotti 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:

Dixie Carlotti

Name of Person

Firm/Company

4520 Oakellar Avenue #13194

Address

Tampa, FL 33611

City/State and Zip Code

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

For further information concerning this matter, please call:

Dixie Carlotti

813

944-7749

at (_____) _____

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carlotti 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:

4520 Oakellar Ave

#13194

Tampa, FL 33611

Mailing Address:

4520 Oakellar Ave

#13194

Tampa, FL 33611

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:

Dixie Carlotti

Name

4520 Oakellar Ave #13194

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

Tampa

FL

33611

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..

Dixie Carlotti

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
16 JAN 21 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Tampa, FL 33611

Tampa, FL 33611

FILED
16 JAN 21 PM 4:50
SEAL/ST. STATE
TALLAHASSEE, FLORIDA

ARTICLE VI: Other provisions, if any.

Doris C. Condit

Dixie Carlotti

\$ 5.00 Certificate of Status (Optional)