

L160000036994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

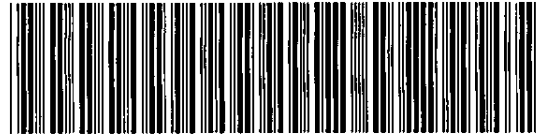
(Business Entity Name)

(Document Number)

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

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02/16/16--01020--011 \*\*130.00

16 FEB 16 AM 10:30  
RECEIVED  
CLERK OF COURT

MD 2/24

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Ford

Name of Person

A.L. Spring Consulting LLC.

Firm/Company

1919 Cherry Lane

Address

Mount Dora FL 32757

City/State and Zip Code

Ann.Ford59@gmail.com

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

16 FEB 16 AM 10:30  
RECEIVED  
FEB 16 2016

For further information concerning this matter, please call:

Ann Ford

at

352

266 0905

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:

A.L. Spring 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:**

1919 Cherry Lane  
Mount Dora, FL  
32757

1919 Cherry Lane  
Mount Dora, FL  
32757

ARTICLE  
Registered

III -

**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:

Ann Ford  
Name  
1919 Cherry Lane  
Florida street address (P.O. Box **NOT** acceptable)  
Mount Dora FL 32757  
City State Zip

16 FEB 16 AM 10:30  
CLERK OF COURT  
STATE OF 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..

Ann Ford  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Ann Ford  
1919 Cherry Lane  
Mooresburg, FL 32757

(Use  
attachment  
if  
necessary)

**ARTICLE**

Effective  
other than  
filing: \_\_\_\_\_

V:  
date, if  
the date of

**(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.

07/11/2016 <sup>ERROR</sup> 2/1/2016 effective date - 02/01/2016

**REQUIRED SIGNATURE:**

Ann Ford

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Ann Ford

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)**