

L16000116061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

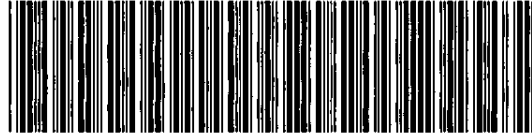
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200285517502

05/13/16--01017--010 **130.00

1010-36543

*724
6/20/16*

16 JUN 16 PM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 JUN 16 PM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

MEREDITH CERNUDA
501 KNIGHTS RUN AVE., #5101
TAMPA, FL 33602

SUBJECT: GET SOCIAL COMPANY, LLC
Ref. Number: W16000036543

We have received your document for GET SOCIAL COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000101872 (GET SOCIAL, LLC).

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 016A00010695

Changing name to:
Get Social Consulting, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Get Social Company, 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:

Meredith Cernuda

Name of Person

Get Social Company, LLC

Firm/Company

501 Knights Run Ave., #5101

Address

Tampa, FL 33602

City/State and Zip Code

meredith@getsocialcompany.com

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

For further information concerning this matter, please call:

Meredith Cernuda 813 310-8975
Name of Person at () 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:

~~Get Social Company, LLC~~

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

Get Social Consulting,
LLC

ARTICLE II - Address:

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

Principal Office Address:

501 Knights Run Ave., #5101 Tampa, FL 33602

Mailing Address:

501 Knights Run Ave., #5101 Tampa, FL 33602

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:

Meredith Cernuda

Name

501 Knights Run, Ave., #5101

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

Tampa, FL 33602

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..

Meredith Cernuda

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 JUN 16 PM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

mc
Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Meredith Cernuda

501 Knights Run Ave., #5101

Tampa, FL 33602

(Use attachment if necessary)

mc date of filing
ARTICLE V: Effective date, if other than the date of filing: May 1, 2016 (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:

Meredith Cernuda

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.

Meredith Cernuda

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
16 JUN 16 PM 7:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA