

L16000122563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

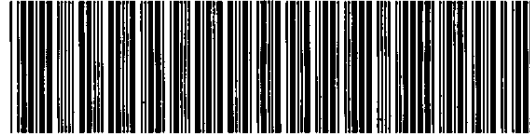
(Document Number)

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

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FILED  
16 JUN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ELEAVANT CONSULTING LLC  
3958 ETHAN LANE  
ORLANDO, FL 32814

June 10, 2016

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

RE: ELEAVANT CONSULTING LLC


Enclosed are one original and one copy of my Articles of Organization for the above proposed Limited Liability Company.

Also enclosed is a check in the amount of

Filing Fee           \$125.00

Total               \$125.00

Sincerely,

  
MATTHEW E. SMITH

RECEIVED

16 JUN 14 PM 2:43

CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

16 JUN 29 PM 2:28

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

June 20, 2016

ELEAVANT CONSULTING LLC  
3958 ETHAN LANE  
ORLANDO, FL 32814

SUBJECT: ELEAVANT CONSULTING LLC  
Ref. Number: W16000044042

We have received your document for ELEAVANT CONSULTING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 916A00012920

**ARTICLES OF ORGANIZATION  
OF  
ELEAVANT CONSULTING LLC**

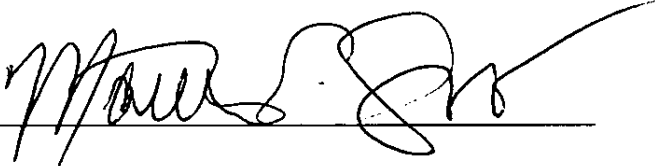
FILED  
16 JUN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ONE: The name of the Limited Liability Company is **ELEAVANT CONSULTING LLC**
- TWO: The principal address of the Limited Liability Company is:  
  
3958 ETHAN LANE  
ORLANDO, FL 32814
- THREE: The Company is organized to perform any and all lawful acts pertaining to the management of any lawful business as well as to engage in and to do any lawful act concerning any and all lawful business for which a Limited Liability Company may be organized under the Florida Limited Liability Company Act and any amendments thereto.
- FOUR: The names and street addresses of Members who shall constitute the initial Members of the Company are as follows:
- Name  
Managing Member  
MATTHEW E. SMITH  
3958 ETHAN LANE  
ORLANDO, FL 32814
- Managing Member  
JUDI L. SMITH  
3958 ETHAN LANE  
ORLANDO, FL 32814
- FIVE: The registered agent and the street address of the initial registered office

of the Limited Liability Company in the State of Florida is:

MATTHEW E. SMITH  
3958 ETHAN LANE  
ORLANDO, FL 32814

*Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Signature/Registered Agent

6-10-16

Date

16 JUN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**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.

MATTHEW E. SMITH

**STATE OF FLORIDA**

**COUNTY OF SEMINOLE**

**I, HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Name Here, as the subscriber in and who executed the foregoing Articles of Organization, and acknowledged before me that he/she subscribed to those Articles of Organization.

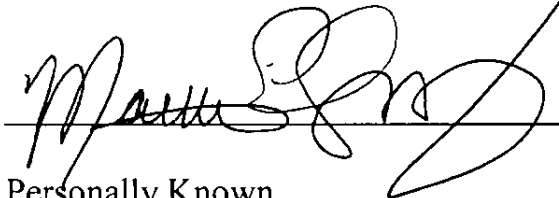
**WITNESS** my hand and official seal in the County and State named above this 10<sup>th</sup> day of June, 2016.



Notary Public

My commission expires: 6/02/2019

16 JUN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Personally Known

Identification 5530-645-76-346-0

