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16 SEP 19 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

44, 9/20/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LVM Non-Profits Strategic Consulting Services, 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:

Luz Gabriela Van Meek

Name of Person

LVM Non-Profits Strategic Consulting LLC

Firm/Company

8149-D Bridgewater Court

Address

Lake Clarke Shores, FL 33406

City/State and Zip Code

lvm.strategic.consultant@gmail.com

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

For further information concerning this matter, please call:

Luz G. Van Meek

Name of Person

at (561) 685-1308

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

LUZ GABRIELA VAN MECK MEEK
8149-D BRIDGEWATER COURT
LAKE CLARKE SHORES, FL 33406

SUBJECT: LVM NON-PROFITS STRATEGIC CONSULTING SERVICES, LLC
Ref. Number: W16000059002

RECEIVED
16 SEP 19 PM 4:39
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for LVM NON-PROFITS STRATEGIC CONSULTING SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 016A00018112

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LVM Non-Profits Strategic Consulting Services, 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:

8149-D Bridgewater Court

Lake Clarke Shores, FL 33406

Mailing Address:

Same as Principal

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:

Luz G. Van Meek

Name

8149-D Bridgewater Court

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

Lake Clarke Shores

Florida

33406

City

State

Zip

16 SEP 19 AM 8:36
STATE OF FLORIDA
TALLAHASSEE

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.

Luz G. Van Meek

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Luz G. Van Meek

8149-D Bridgewater Court

Lake Clarke Shores Florida, 33406

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Luz G. Van Meek

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.

Luz G. Van Meek

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)

16 SEP 19 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA