

L16000213192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

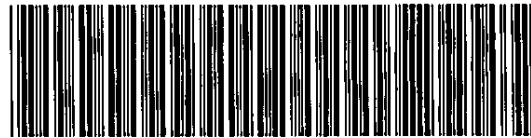
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2016 OCT 31 AM 9:13
ALBANY, NY
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2016

JENNIFER MENARD
P.O. BOX 334
RIVERVIEW, FL 33568

SUBJECT: MENARD CONSULTING, LLC
Ref. Number: W16000074557

We have received your document for MENARD CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity. *— added Thanks!*

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 116A00023653

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FILING

2016 OCT 17 PM 2:03
FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Menard 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:

P.O. Box 334
Riverview FL 33568

P.O. Box 334
Riverview FL 33568

Street

↓
- 408 Bahama Grande Blvd Apollo Beach FL 33572

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:

Jennifer Menard

Name

408 Bahama Grande Blvd

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

Apollo Beach FL 33572

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
CLERK OF THE COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Jennifer Menard MGR

Name and Address:

408 Bahama Grande Blvd
Apollo Beach FL 33572

(Use attachment if necessary)

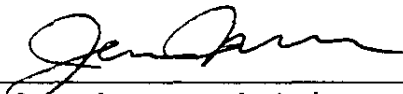
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Jennifer Menard

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)

2016 OCT 31 AM 9:13
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/11/2016 BY 60322
UCBAW/STP/STP