

L17000043414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

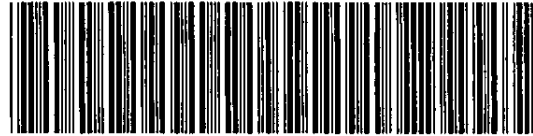
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 28 2017

K. Brumbley

ALEXANDER & DAMBRA, P.A.

ATTORNEYS AT LAW

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GEORGIANA FRATELLA DAMBRA*
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*ALSO MEMBER OF NEW JERSEY BAR

February 17, 2017

Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

Attention: New Filing Section
Division of Corporations

Re: Par One Consulting, LLC

Dear Sir or Madam:

Enclosed you will find an original and one copy of the Articles of Organization for Florida Limited Liability Company for Par One Consulting, LLC. Please file the original with your office and return the copy to me stamped "filed". I have enclosed a check in the amount of \$160.00 which represents the filing fee along with a self-addressed stamped envelope.

If you have any questions, please contact my office. Thank you for your assistance in this matter.

Very truly yours,



Karen Levin Alexander

KLA:cmo

Enclosures

cc: James F. Byers (w/out enclosures)

SECSTATE.LTR

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Par One Consulting, 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:

James F. Byers

Name of Person

Firm/Company

7590 Bristol Bay Lane

Address

Lake Worth, FL 33467

City/State and Zip Code

ndirish62198@bellsouth.net

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

For further information concerning this matter, please call:

James F. Byers 561 373 0338
_____ at (_____) _____
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:

Par One Consulting, LLC

(Must contain 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:

7590 Bristol Bay Lane

Lake Worth, FL 33467

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:

James F. Byers

Name

7590 Bristol Bay Lane

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

Lake Worth

FL

33467

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

James F. Byers

7590 Bristol Bay Lane

Lake Worth, FL 33467

(Use attachment if necessary)

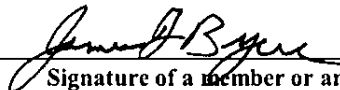
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

James F. Byers

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)