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(Re	questor's Name)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/28/17--01812--003 **150.00



N CULLIGAN DEC 29 2017 To Whom It May Concern,

Enclosed are the forms for filing for Articles of Incorporation and Designation of Registered Agent for my new Corporation, Consbruck Consulting, LLC.

All correspondence can be addressed to Thomas H. Consbruck at 1205 Faulkingham Rd, Merritt Island, FL 32952 and my daytime telephone number is 513-334-9340. Additionally enclosed is the check for filing fees, Certificate of Status & Certified Copy.

Please do not hesitate to contact me with any questions.

Sincerely,

Thomas H. Consbruck 1205 Faulkingham Rd Merritt Island, FL 32952

Phone: 513-334-9340

COVER LETTER

то:	New Filing Section Division of Corporations		
SUBJE	Consbruck Consulting, LLC		
3000		Limited Liability Company	
The end	closed Articles of Organization and fee(s	e) are submitted for filing.	
Please r	return all correspondence concerning this	s matter to the following:	
	Thomas H Consbruck		
		Name of Person	.
	Consbruck Consulting, LLC		
		Firm/Company	
	1205 Faulkingham Rd.		
		Address	
	Merritt Island, FL. 32952		
	tcons11@gmail.com	City/State and Zip Code	
	E-mail address: (to be u	sed for future annual report notifica	tion)
For furth	ner information concerning this matter, pl	ease call:	
	Thomas H Consbruck	(513) 334-9340	
	Name of Person	Area Code Daytime Telepho	ne Number
Enclose	ed is a check for the following amount:		
]\$125.00	0 Filing Fee \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Consbruck Cor (Mus		ility Company, "L.L.C.," or "LLC.")	
,		and company. Ozon or one, ,	
ARTICLE II - Address:			
The mailing address and s	treet address of the principal office	of the Limited Liability Company is:	
<u>P</u>	rincipal Office Address:	Mailing Address	;
1205 Faulking	ham Rd	1205 Faulkingham Rd	
Merritt Island,	FL 32952	Merritt Island, FL 32952	
	ed Agent, Registered Office, & R		dual or
(The Limited Liability Co another business entity wi		distered Agent. You must designate an individual	19 DEC
(The Limited Liability Co another business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Paul J. Consbruck	distered Agent. You must designate an individual	19 DEC
(The Limited Liability Co another business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Paul J. Consbruck Na 871 Venetia Bay Bouleva	nt are:	19 DEC 2

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..

(CONTINUED)

ARTICLE IV

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

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
MOIX - Manager	
	· · · · · · · · · · · · · · · · · · ·
AMBR	Thomas H. Consbruck
MMDK	1205 Faulkingham Rd
	Merritt Island, FL 32952
	Metric Island, 1 E 52/52
AMBR	Deborah L. Consbruck
	1205 Faulkingham Rd
	Merritt Island, FL 32952
	Herrite Island, 11, 32, 32
	
(Use attachment if necessary)	
ocument's effective date on the Depa	indicate of State 3 records.
ICLE VI: Other provisions, if any.	attrem of State a records.
•	Turcin (i) State 3 records.
•	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	All.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature	of a member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature This document i	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature This document if I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes. any false information submitted in a document to the Department of State
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