(Requestor's Name)	
(Address)	I NAME AND
(Address)	200307054282
(City/State/Zip/Phone #)	
	01/05/1801003002 **750.00
(Business Entity Name)	
(Document Number)	
ed Copies Certificates of Status	
Call Instructions to Filing Officer:	JW -4 PM 4
54-536-9408	PH 4: 13 MILLE
154-536-8408 When ready	
Office Use Only	-5 -5 -0

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: <u>Phoenix Enterprise & Consulting LLC</u> 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:
Jabrina Ariza
Name of Person
1469 Market st
TAKKASSEE FAlkhassee, FL 32312 Address
SZOFINZ City/State and Zip Code SZOFINZ Fighting (CM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Status & Certificate of Status & Status & Status & Certificate of Status & Certificate
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

Å "Limited Liability Company, "L.L.C. (Must contain the words **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: nitehall 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: dleton & Michiletor Market 5 da street address (P.O. Box NOT acceptable) NTASSEE

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..

City

State

Registered Ageni's Signature (REQUIRED)

Zip

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	ETIC Jacquin	
	4073 WHITEhall R	D. LOT 4613
	Milerson SC 290	o2Cp
	·	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of		
(If an effective date is listed, the date must be spec the date of filing.) <u>Note:</u> If the date inserted in this block does not me the document's effective date on the Department o ARTICLE VI: Other provisions, if any.	tific and cannot be more than five busin bet the applicable statutory filing requirer	ess days prior to or 90 days after
<u>REQUIRED</u> SIGNATURE: <		,
This document is execute I am aware that any talse constitutes a third degree	mber or an authorized representative of ed in accordance with section 605.0203 (information submitted in a document to t felony as provided for in s.817.155. F.S. Typed or printed name of signee	he Department of State
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: ganization and Designation of Register al)	· · · · · · · · · · · · · · · · · · ·
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