

L18000045254

Division of Corporations  
Florida Department of State  
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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
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18 FEB 20 PM 4:00  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2018 FEB 20 PM 3:45  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
loon consulting, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOON 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

6442 EGRET AVE, COCONUT CREEK, FL 33073

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate and individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

ERIC BOULANGER

Name

6442 EGRET AVE

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

COCONUT CREEK, FL 33073

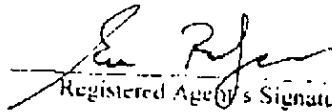
City

State

Zip

FILED  
18 FEB 20 PM 4:00  
SOUTH FLORIDA

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)

**ARTICLE IV -**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ERIC BOULANGER

6442 EGRET AVE

COCONUT CREEK, FL 33073

MGR

DIANA L. BOULANGER

6442 EGRET AVE

COCONUT CREEK, FL 33073

(Use attachment if necessary)

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

(OPTIONAL)

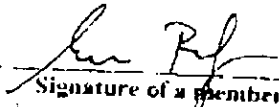
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

STATE OF FLORIDA  
FEB 20 18 4:00 PM  
FILED

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.

ERIC BOULANGER

Typed or printed name of signer