(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

	iew Filing Section Division of Corporations				
SUBJECT	Borsheim Consulting, LLC				
SUBJECT		imited Liability Company			
The enclos	sed Articles of Organization and fee(s) a	are submitted for filing.			
Please retu	irn all correspondence concerning this r	natter to the following:			
	Ronnie D. Borsheim				
	Name of Person				
	Borsheim Consulting, LLC Firm/Company				
	6099 County Road 209. South				
	Address				
	Green Cove Springs, FL 32043				
	City/State and Zip Code ronborsheim@gmail.com				
	E-mail address: (to be use	d for future annual report notification)			
For further	information concerning this matter, plea	se call:			
	Ronnie D. Borsheim	904 529-7033			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed i	s a check for the following amount:				
\$125.00 F	Filing Fee \$\frac{\$130.00}{\text{Certificate of Status}}\$	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) 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:					
Borsheim 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:				
6099 County Road 209, South	6099 County Road 209, South				
Green Cove Springs, FL 32043	Green Cove Springs, FL 32043				
ARTICLE III - Registered Agent, Registered Office, & Registe.	1.1.				

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

Ronnie D. Borsheim
Name

6099 County Road 209, South
Florida street address (P.O. Box NOT acceptable)

Greem Cove Springs FL 32043

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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	Title: "AMBR" = Authorized i	Member	Name and Address:
	"MGR" = Manager AMBR		Ronnie D. Borsheim 6099 County Road 209, South Green Cove Springs, FL 32043
	· · ·		
	(Use attachment if neces	sary)	
(If an the da <u>Note:</u>	CLE V: Effective date, if ot effective date is listed, the often of filing.)	her than the date of filing: date must be specific and block does not meet the a	. (OPTIONAL) I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as records.
ARTI	CLE VI: Other provisions, it	•	
	REOUIRED SIGNATI	IRE:	

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

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.

Ronnie D. Borsheim

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)

ARTICLE IV-