

1/3/2019

L19000005444

Division of Corporations
for the Department of State
Electronic Filing Cover Sheet

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: CHARLES@CPAMASSIE.COM

**FLORIDA LIMITED LIABILITY CO.
IMPALA CONSULTING PARTNERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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H19000002492

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: Impala Consulting Partners, LLC

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

698 Anchor Drive
Sanibel, FL 33967

ARTICLE III – Registered Agent, Registered Office & Registered Agents Signature

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

Charles Abels Massie
Name15671 San Carlos Blvd., Suite 201
(P.O. Box or Mail Drop Box NOT acceptable)Fort Myers, FL 33908
(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 608, F.S.

Charles Abels Massie

Registered Agent's Signature – Charles Abels Massie

ARTICLE IV – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company

(Signature)
Signature of a member or authorized representative of a member

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael J Leedy

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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