

L19000 051 421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

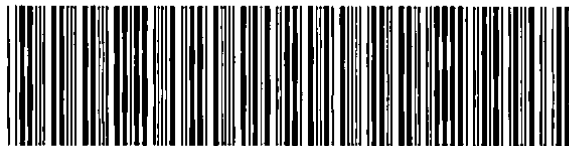
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000325425570

02/28/19--01010--006 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB 28 PM 2:35

FILED

19 FEB 28 PM 2:24

D. O'KEEFE

FEB 28 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LOCATION CONSULTANTS LLC  
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:

ROBERT C. RYALS JR  
Name of Person

4130 BUTTERCUP WAY

TALLAHASSEE FL  
Address

32311  
City/State and Zip Code

RRR 1930 BOB@ROL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ryals Jr at ( 850 ) 926-7791  
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    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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:

LOCATION CONSULTANTS L.L.C.  
(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:
<u>4130 BUTTERCUP WAY</u>	<u>4130 BUTTERCUP WAY</u>
<u>Tallahassee</u>	<u>Tallahassee</u>
<u>FL 32311</u>	<u>FL 32311</u>

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:

ROBERT C. RYAN JR.  
Name  
4130 BUTTERCUP WAY  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32311  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 FEB 28 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*[Handwritten signature]*

*ROBERT C. RYAN  
4130 BENTLEY BLVD  
ALLAHACSEE, FL 32011*

(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 not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

*[Handwritten 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. 17.155, F.S.

*ROBERT C. RYAN*  
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)

FILED  
2019 FEB 28 PM 2:35  
CLERK OF STATE  
ALLAHACSEE, FLORIDA