Division of Corporations

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone : (888)692-9256 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. Consultants On Call of Florida LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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3/21/2019 9:57:09 AM PAGE 1/001 Fax Server



March 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: CONSULTANTS ON CALL OF FLORIDA LLC

REF: W19000027768

We have received your document for CONSULTANTS ON CALL OF FLORIDA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

AMBR name is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II PAX Aud. #: H19000094248 Letter Number: 419A00005593

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICIZATION ON A STATE OF THE		
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Consultants On Call of Florida LLC (Must end with the words "Limited I	iability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:
220 N. Mannalia Ava Ste B5	c/s	o SignTalk Florida
320 N. Magnolia Ave Ste B5 Orlando FL 32801		20 N. Magnolia Ave Ste B5
Orlando PL 32801		rlando FL 32801
(The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.) The name and the Florida street address of the registered at the street address of the street	.) agent are:	
Blumberg Excelsior Co		s, Inc.
	Name	
155 Office Plaza Driv	e, 1st Fl.	
Florida street address	(P.O. Box <u>NO</u> 1	acceptable)
Tallahassee	FL	32301
City	State	Zip
·		
Having been named as registered agent and to accept servic	e of process for intment as regis	the above stated limited liability company at tered agent and agree to act in this capacity.

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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PILED

2019 MAR 21 AM 9: 46

SECRETARY OF STATE

	Name and Address:
Title: "AMBR" = Authorized Member	 -
"MGR" = Manager	Joseph Geliebter
AMBR	320 N. Magnolin Ave Ste B5
	Orlando FL 32801
	
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(Use attachment if necessary)	
ICLE V: Effective date, if other than the date	e of filing:
ICLE V1 Effective date, if other than the date a effective date is listed, the date must be apart of filling.)	pecific and cannot be more than five business days prior to or 90 days as meet the applicable statutory filing requirements, this date will not be liste
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