L19000111844

(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

600328264596

04/23/19--01004--005 **160.00

FILED

19 APR 23 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGA

MAY 2 2019

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Eagle's Spring Consulting Group, 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:

Mark Andrew Thomas
Name of Person

Eagle's Spring Consulting Group, LLC
Firm/Company

2705 NW 50th Place
Address

Gainesville, FL 32605
City/State and Zip Code

share@eaglesspring.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Andrew Thomas at (229) 474-5853
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

Street Address
New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Eagle's Spring Consulting Group, 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:**
2705 NW 50th Place	2705 NW 50th Place
Gainesville, FL 32605	Gainesville, FL 32605

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.)

FILED
19 APR 23 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mark Andrew Thomas
Name

2705 NW 50th Place
Florida street address (P.O. Box **NOT** acceptable)

Gainesville	FL	32605
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)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Mark Andrew Thomas 2705 NW 50th Place Gainesville, FL 32605
MGR	Heidi Danelle Saliba 7530 NE 138th Lane Newberry, FL 32669
No others	No others

19 APR 29 AM 11:57
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4 May 2019 . (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.
No other provisions

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.

Mark Andrew Thomas
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)

JOYE ELLEN EMERSON
Commission # GG 210360
Expires August 22, 2022
Bonded Thru Budget Notary Services

Subscribed and sworn before me, this 18 day of April 2019 a Notary Public in and for Alachua County, State of Florida

(Signature)
NOTARY PUBLIC
My Commission expires 8/22/2022