

L19000111844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

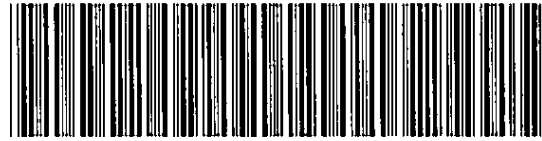
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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

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19 APR 23 AM 11:57
SECURITY
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

229

474-5853

at (_____) _____

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:

2705 NW 50th Place
Gainesville, FL 32605

Mailing Address:

2705 NW 50th Place
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.)

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

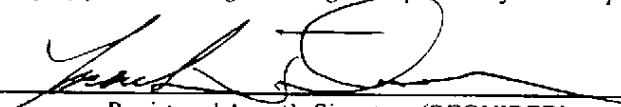
32605

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)

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FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

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

(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 Eudora Notary Services

Subscriber 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