

L19000 243 235

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

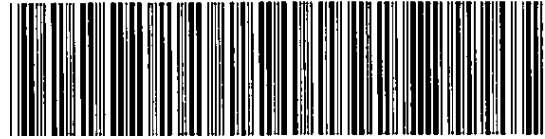
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/09/19--01018--014 \*\*160.00

FILED  
19 SEP 30 AM 10:28  
SHERIFF'S OFFICE  
CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

D O'KEEFE

OCT 09 2019

W19-85136



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2019

MICHAEL R ANSAROFF  
713 SUNNY PINE WAY #E2  
W.P.B., FL 33415

SUBJECT: MRA CONSULTING & SERVICES LLC  
Ref. Number: W19000085136

We have received your document for MRA CONSULTING & SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please spell out the name of the city wherever the address is listed.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000218876.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 019A00019457

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19 SEP 30 AM 10:23

DAVID L. HARRIS, CLERK  
TALLAHASSEE, FLORIDA

2019 SEP 30 PM 12:13

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Pishcolac  
~~RAA~~ Consulting & Services 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:

Michael R Ansaroff

Name of Person

Pishcolac Consulting & Services, LLC

Firm/Company

713 Sunny Pine Way # E2

Address

West Palm Beach

W. A. B., FL 33415

City/State and Zip Code

Micans@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ansaroff at ( 561 ) 718-8307

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:

Pishcolae  
~~ARA~~ Consulting & Services 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:

713 Sunny Pine Way #E2  
~~W.P.B. FL~~ 33415  
West Palm Beach

Mailing Address:

713 Sunny Pine Way #E2  
~~W.P.B. FL~~ 33415  
West Palm Beach

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:

Michael Ansaroff  
Name  
713 Sunny Pine Way #E2  
Florida street address (P.O. Box **NOT** acceptable)  
West Palm Beach  
~~W.P.B.~~ FL 33415  
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..

Michael Ansaroff  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AR

**Name and Address:**

Michael Ansaroff  
713 Sunny Pine Way #E2  
West Palm Beach, FL 33415

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19 SEP 20 AM 10:29  
CLERK OF COURT  
STATE OF FLORIDA  
WEST PALM BEACH

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/1/19 (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:**

Michael Ansaroff

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.

Michael Ansaroff

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)