

L20000282523**Florida Department of State****Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000322221 3)))**H200003222213ABCO**

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations
Fax Number : (850) 617-6381**

From:

**Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622**

****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.
STRATOSCOPE CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stratoscope Consulting, 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:

Daniel Donovan

Name of Person

Stratoscope Holdings, LLC

Firm/Company

1511 Flagler Drive, Suite 811

Address

West Palm Beach, FL 33401

City/State and Zip Code

Dan@1stclasspartners.com

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

For further information concerning this matter, please call:

Daniel Donovan at (770) 312-7925
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 SEP 16 PM 4:49
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Stratoscope Consulting, 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:Stratoscope Consulting, LLC1511 Flagler Drive, Suite 811West Palm Beach, FL 33401**Mailing Address:**Stratoscope Consulting, LLC1511 Flagler Drive, Suite 811West Palm Beach, FL 33401**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:

Daniel Donovan

Name

1511 Flagler Drive, Suite 811Florida street address (P.O. Box **NOT** acceptable)West Palm BeachFL33401

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..

/s/ Daniel Donovan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 SEP 16 PM 4:49

FILED

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:

MGR

Daniel Donovan

1511 Flagler Drive, Suite 811

West Palm Beach, FL 33401

(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:

/s/ Daniel Donovan

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.

Daniel Donovan

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)



FAX TRANSMITTAL

To: **Date:** 09/16/2020 09:00:15 AM Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6381

Number of pages transmitted

From: including cover page: 5

Name: Leslie Sellers

Email: lsellers@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject: H20000322228 3

H20000322228 3