

L21000022352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

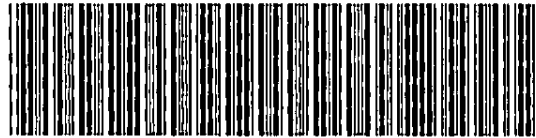
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/11/21--01021--034 **125.00

01/11/21--01021--035 **35.00

J DENNIS
JAN 26 2021

GB ALLEN, CASTRO
& ASSOCIATES

Certified Public Accountants, P.A.

George B. Allen, CPA
Anne K. Castro, CPA

140 ROUTE 17 NORTH
SUITE 350
PARAMUS, NEW JERSEY 07652
(201) 262-7878
FAX (201) 262-7861

INSTRUCTIONS FOR FILING

APPLICATION TO FORM A FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

NAME: LMT Consulting Group, LLC.

DUE DATE: ASAP

SIGNATURES: Karen Turner must sign, where indicated.

AMOUNT DUE: \$125.00 - make a check payable to: FLORIDA DEPARTMENT OF
STATE and mail the Cover Letter and Application to Transact Business
to:

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LMT 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:

Karen Turner

Name of Person

LMT Consulting Group, LLC.

Firm/Company

873 Parkside Circle North

Address

Boca Raton, FL 33486

City/State and Zip Code

KTPhd@aol.com

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

For further information concerning this matter, please call:

Karen Turner 201 567-7044
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LMT 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:

873 Parkside Circle North
Boca Raton, FL 33486

SAME

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:

Karen Turner

Name

873 Parkside Circle North

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

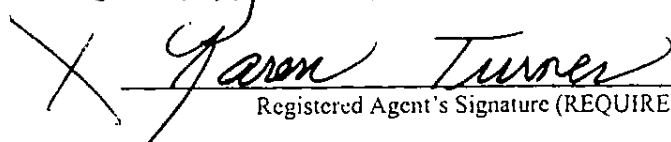
33486

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Karen Turner

873 Parkside Circle North

Boca Raton, FL 33486

(Use attachment if necessary)

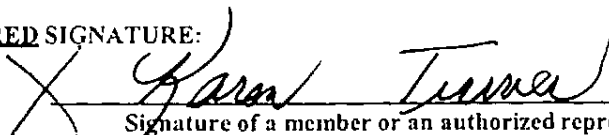
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Karen Turner

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)