Division of Corporations Electronic Filing Cover Sheet

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(((H210001870703)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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.

Naumann Consulting LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	ıy is:		
Naumann Consulting LLC			
	ords "Limited I	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	the principal of	ffice of the Lii	mited Liability Company is:
Principal Office	Address:		Mailing Address:
2012 Berry Lake Drive			2012 Berry Lake Drive
Brandon, FL 33510			Brandon, FL 33510
The name and the Florida street address of Northwest	the registered est Registered	_	
	th St N STE 30		OT acceptable)
			acceptance,
St. Pete	rsburg, FL 33		
	City	State	Zip
place designated in this certificate, I hereby i	accept the appo of all statutes re of my position o	pintment as regelating to the pas registered a	love
	Registe	ered Agent's S	Signature (REQUIRED)
		(CONTINU	JED)

"AMBR" = Authorized Memb	Name and Address:
WALDY - VORBOLISED MIGHIO	er
"MGR" = Manager	
1100	NC-lo-lo- New
AMBR	Nicholas Naumann
	2012 Berry Lake Drive
	Brandon, FL 33510
	····
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date in e of filing.) If the date inserted in this block cument's effective date on the Decker of the effective date of the Decker of the effective date.	·
CLE V: Effective date, if other the effective date is listed, the date in e of filing.) If the date inserted in this block cument's effective date on the Docket CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	does not meet the applicable statutory filing requirements, this date will not be listed a epartment of State's records. The of a member or an authorized representative of a member. The of a member or an authorized representative of a member. The it is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other the effective date is listed, the date in e of filing.) If the date inserted in this block nument's effective date on the Dock the country of the provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware the	does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records. The of a member or an authorized representative of a member.
LE V: Effective date, if other the ffective date is listed, the date is of filing.) If the date inserted in this block ument's effective date on the Double VI: Other provisions, if any. REOUIRED SIGNATURE: Signatu This document I am aware the constitutes a the constitutes at the constitutes at the constitutes.	re of a member or an authorized representative of a member. at is executed in accordance with section 605.0203 (1) (b), Florida Statutes. at any false information submitted in a document to the Department of State

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)