L21000493955

(Requestor's Name) (Address)	
(Address)	70037604
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	11/12/21 91918
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



42807

8--800 +155.00

201110V 12 PH 2:21 3 17

(B)

T. BURCH NOV 1 8 2021

Dr. Marie Lamontagne Dr Lamontagne Consulting 7125 Quincy Lane Clearwater, FL 33764

October 27, 2021

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dr Lamontagne Consulting, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the abovenamed organization.

Very truly yours,

Dr. Marie Lamontagne

Dr Lamontagne Consulting, LLC

Enclosures

ARTICLES OF ORGANIZATION

of

Dr Lamontagne Consulting, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Dr Lamontagne Consulting, LLC.

ARTICLE II - DURATION

90

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

7125 Quincy Lane Clearwater, FL 33764

The organization's mailing address shall be as follows:

7125 Quincy Lane Clearwater, FL 33764

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Dr. Marie Lamontagne 7125 Quincy Lane Clearwater, FL 33764

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.

Dr. Marie Lamontagne, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have two (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Dr. Marie Lamontagne 7125 Quincy Lane Clearwater, FL 33764

ARTICLE VIII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Dr. Marie Lamontagne 7125 Quincy Lane Clearwater, FL 33764

ARTICLE IX – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITHESS WHEREOF, the undersigned subscriber has executed tr	iese Artio	cies (ЭŢ
Organization this <a>7 day of October, 2021.	¥E	2012	
	A A	- K O	
Or. Marie Lamontagne	TAR	- Z	
		-D	[
CTATE OF SLODIDA	_ ~~	- - -	3

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Dr. Marie Lamontagne, known to me to be the person who executed the foregoing Articles of Organization, or who presented $\frac{1(Q) \cap S\ell}{2}$ as identification, and who acknowledged before the Drivers' me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, 27^{th} day of October, 2021.

Notary Public, State of Florida at Large

ØÐ.

My Commission Expires:

