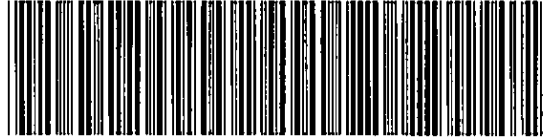


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04/05/22--L103--019 **125.00

(Requestor's Name)

(Address)

(Address)

(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

S. CHATHAM

APR 26 2022

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SECRETARY OF STATE
TALLAHASSEE, FL 32310
FILED

L

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HENRY CONSULTING FIRM 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:

PHILLIP L. HENRY
Name of Person
HENRY CONSULTING FIRM LLC
Firm/Company
6949 INDIAN CREEK PARK DR
Address
LAKELAND, FL. 33813
City/State and Zip Code
BPD903@HOTMAIL.COM or SLHENRY74@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIP HENRY 863 581-0047
at ()
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 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

FILED
22 APR -5 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HENRY CONSULTING FIRM 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:

6949 INDIAN CREEK PARK DR
LAKELAND, FL. 33813

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:

PHILLIP L. HENRY

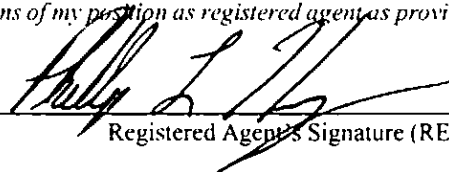
Name

6949 INDIAN CREEK PARK DR.

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

<u>LAKELAND</u>	<u>FLORIDA</u>	<u>33813</u>
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)

22 APR -5 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

MGR

Name and Address:

SHARON A. HENRY
6949 INDIAN CREEK PARK DR
LAKELAND, FL. 33813

AMBR

GABRIELLE A. HENRY
6949 INDIAN CREEK PARK DR
LAKELAND, FL. 33813

(Use attachment if necessary)

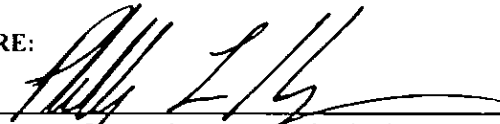
ARTICLE V: Effective date, if other than the date of filing: APRIL 15, 2022. (OPTIONAL)

(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.

PHILLIP L. HENRY

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)

22 APR -5 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED