

L22000465406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

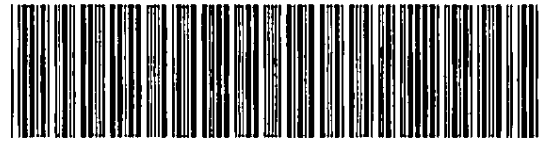
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



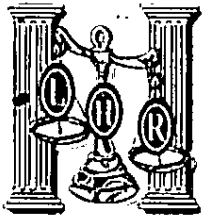
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Leventry, Haschak & Rodkey, LLC

Attorneys at Law

Sender's E-mail:
tleventry@lhrklaw.com

Please direct all
correspondence to:
Johnstown Office

Timothy C. Leventry, LL.M.*
John M. Haschak**
Randall C. Rodkey

October 19, 2022

Terry L. Gratius
Brian P. Litzinger
Andrew J. Schellhammer

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Paul A. Mattis (Paralegal)
Stephanie M. Wills (Paralegal)

* Legal Master's Degree in Taxation
**Registered Patent Attorney

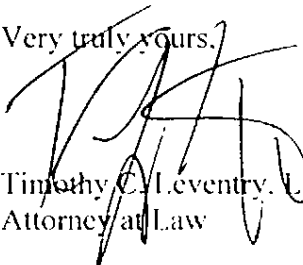
**Re: MH Blue White Consulting, LLC
Articles of Organization**

Dear Sir or Madam:

Please find enclosed herewith an original and (1) copy of the Cover Letter with Articles of Organization for Florida Limited Liability Company concerning the company referenced above along with a check in the amount of \$160.00 for the Filing Fee, Certificate of Status and Certified Copy. Kindly file accordingly.

If you have any questions, please contact me. Thank you.

Very truly yours,


Timothy C. Leventry, LL.M.
Attorney at Law

TCL: pam
Enclosure

2022 OCT 21 PM 12:12

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MH Blue White 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 J Leventry

Name of Person

MH Blue White Consulting

Firm/Company

620 Islebay Drive

Address

Apollo Beach, FL 33572

City/State and Zip Code

dan@leventry.com

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

For further information concerning this matter, please call:

Daniel J Leventry

Name of Person

813

Area Code

995-5669

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

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L.F.D

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 J Leventry

620 Islebay Drive

Apollo Beach, FL 33572

MGR

Marsha R Leventry

620 Islebay Drive

Apollo Beach, FL 33572

AMBR

Maximus J Leventry

620 Islebay Drive

Apollo Beach, FL 33572

AMBR

Harper M Leventry

620 Islebay Drive

Apollo Beach, FL 33572

(Use attachment if necessary)

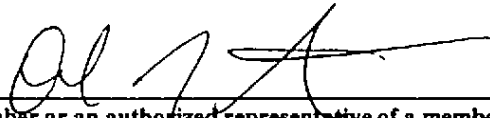
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Daniel J Leventry

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)

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