

122000466693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

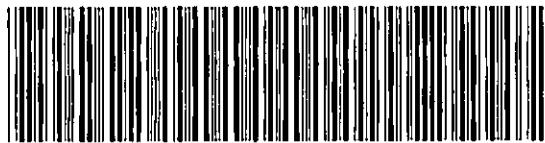
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800396696298

S. CHATHAM
NOV - 2 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV - 1 AM 10:45

2022 NOV - 1 PM 3:04
ALLAHASSEE, FLA.

RECEIVED

COVER LETTER

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

Salad Consulting, LLC

SUBJECT: _____ 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:

Richard P. Alliezi

Name of Person

Altieri & Partners PLC

Firm Company

410 Park Avenue South, 10th floor

Address

NEW YORK, NY 10016

City/State and Zip Code

RICHARD@ALTIERIPARTNERS.COM

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

For further information concerning this matter, please call:

Richard Altieri 312 3816620

at (_____) _____ - _____
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 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

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 11/01/2022

****WALK IN****

ENTITY NAME SALAD CONSULTING, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

XXXXXX

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$155.00

ACCOUNT #: 120160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salad Consulting, LLC

(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Attention: Laura Schilling
250 NE 20th Street, Unit 403N
Boca Raton, Florida 33431

Mailing Address:

Attention: Laura Schilling
250 NE 20th Street, Unit 403N
Boca Raton, Florida 33431

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:

NRAI Services, Inc.
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation Florida 33324
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.

NRAI Services, Inc.

By: Laura Giswell
Registered Agent's Signature (REQUIRED) 7/27/04

(CONTINUED)

RECEIVED
FLORIDA SECRETARIAL
DIVISION OF BUSINESS
REGISTRATION
7/27/04 - 1 AM:10:51
S:122

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:

AMBR

Janice Schillinger
250 NE 20th Street, Suite 103B
Boca Raton, Florida 33431

22 NOV - 1 AM: 10:15
DIVISION OF
SECURITIES
AND
EXCHANGES
DEPARTMENT OF STATE
FLORIDA

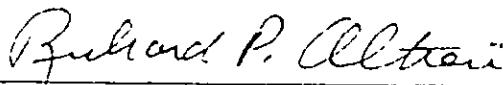
(Use attachment if necessary)

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.

Richard P. Altmann

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)