Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000225957 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*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. **E.PEARL CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE 1 - Name:	· •	
The name of the Limited Liability Company is:		
E.Pearl Consultants LLC		
(Must end with the words "Limited Liab	oility 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:	
1111 Lake Terrace Apt C211	IIII Lake Terrace Apt C211	
Boynton Beach FL 33426	Boynton Beach FL 33426	
ARTICLE III - Registered Agent, Registered Office. & Re (The Limited Liability Company cannot serve as its own Regionather business entity with an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual or	
The name and the Florida street address of the registered agen	ıt are·	
Ena Peart		
Nan	ne	
1111 Lake Terrace Apr C2	11	
Florida street address (P.O.	). Hox NOT acceptable)	

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 diffest and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. The control of the provisions of the obligations of the provision as registered agent as provided for in Chapter 605. F.S. The control of the obligations of the provision as registered agent as provided for in Chapter 605.

State

Boynton Beach

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page LoF2

ARTICLE IV-

To:

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Ena Pearl
	1111 Lake Terrace Apt C211
	Boynton Beach FL 33426
(Use attachment if necessary)	
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not make	cific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be l
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not make	cific and cannot be more than five business days prior to or 90 day set the applicable statutory filing requirements, this date will not be f State's records.
LE V: Effective date, if other than the date of feetive date is listed, the date must be specifiling.)  If the date inserted in this block does not make the date inserted in the Department of	cific and cannot be more than five business days prior to or 90 day set the applicable statutory filing requirements, this date will not be f State's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specifically of filing.) If the date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be l
EV: Effective date, if other than the date of fective date is listed, the date must be specifically of filing.) If the date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specifically of filing.) If the date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not memoral's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not make the date inserted in the Department of the VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not memoral's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be f State's records.
LE V: Effective date, if other than the date of feetive date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be f State's records.
LE V: Effective date, if other than the date of feetive date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	eet the applicable statutory filing requirements, this date will not be f State's records.    Continue of the property of the statutory filing requirements and the state of t
LE V: Effective date, if other than the date of feetive date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	eet the applicable statutory filing requirements, this date will not be f State's records.    Compared to the applicable statutory filing requirements, this date will not be f State's records.    Compared to the applicable statutory filing requirements, this date will not be f State's records.    Compared to the period to
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not maintent's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	eet the applicable statutory filing requirements, this date will not be f State's records.    Continue of the property of the statutory filing requirements and the state of t

## Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)