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(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TO: New Filing Section	
Division of Corporations	
FUTUREBOUND CONSULTING GP 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:	
PAVEL STOEV	-
Name of Person	
FUTUREBOUND CONSULTING GP LLC	-
FirmcCompany	
1317 Edgewater Dr #7406	_
Address	
Orlando FL 32804	
City. State and Zip Code	•
pavelta kirovadance.com	-
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Pavel Stocy 305 335-1795 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□S125.00 Filing Fee Certificate of Status & Certificate Opy (additional copy is enclosed)	Ċ
Mailing Address Street Address	
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314 Tallahassee, FL 32303	
rananassee, rt. 52514 - rananassee, rt. 52505	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FUTUREBOUND CONSULTING GP LLC	
	(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE	II - Address:	
l'he mailin	g address and street address of the principal office of	the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	17145 N BAY RD	1317 Edgewater Dr
	UNIT 4404	=7406
	01-11	

Name
| 1317 edgewater daye
| Florida street address (P.O. Box 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. Thereby 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.

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" – Authorized Member		
"MGR" = Manager		
MGR	PAVEL STOEV	
	1317 EDGEWATER DR #4402	-
	ORLANDO, FL 32804	
MGR	MARINA STOEVA	
	1317 EDGEWATER DR #4402	-
	ORLANDO, FL 32804	•
		-
		-
		-
	· · · · · · · · · · · · · · · · · · ·	-
(Use attachment if necessary)		
ument's effective date on the Department LEVI: Other provisions, if any.		
REQUIRED SIGNATURE:	Y.11./	
	J.ills	
Signature of a	member or an authorized representative of a member.	
Signature of a This document is evo	member'or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.	
Signature of a This document is exe I am aware that any I	member or an authorized representative of a member.	
Signature of a This document is exe I am aware that any I	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in \$.817.155, F.S.	
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