

L24000231718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

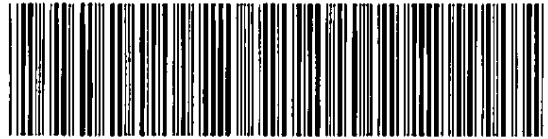
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000066796

Office Use Only



700427379357

04/17/21--01011--025 --\$125.00

5-23-28

FILED

2024 MAY 23 AM 10:10

CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2024

CRAIG CUNNINGHAM
17 WILDERNESS RUN
FLAGLER BEACH, FL 32136 US

SUBJECT: CRAIG CUNNINGHAM CONSULTING, LLC
Ref. Number: W24000066796

*Cover letter
286-585-0703*

We have received your document for CRAIG CUNNINGHAM CONSULTING, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such title may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 324A00009267

2024 MAY 23 PM 5:09
RECEIVED
CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

February 24, 2024

Registration Section
Division of Corporations

SUBJECT: Craig Cunningham 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:

Craig Cunningham

Name of Person

17 Wilderness Run

Address

Flagler Beach, FL 32136

City, State & Zip

(386) 585-0703

Daytime Telephone Number

craigrussellcunningham@gmail.com

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

Enclosed is a check for the following amount: **\$125 Filing Fee**

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 Cir.
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Craig Cunningham Consulting, LLC

ARTICLE II - Address:

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

STREET ADDRESS: 17 Wilderness Run			
CITY:	Flagler Beach	STATE: FL	ZIP: 32136

Mailing address, if different

STREET ADDRESS: <i>Same as above</i>	
CITY:	ZIP:

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:

NAME:	Craig Cunningham		
ADDRESS:	17 Wilderness Run		
CITY:	Flagler Beach	STATE: FL	ZIP: 32136

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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.

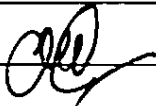

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 MAY 23 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV -

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

NAME:	Craig Cunningham	MGR.		5-18-24
ADDRESS:	17 Wilderness Run			
CITY:	Flagler Beach	STATE: FL	ZIP: 32136	
NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	

ARTICLE V - EFFECTIVE DATE

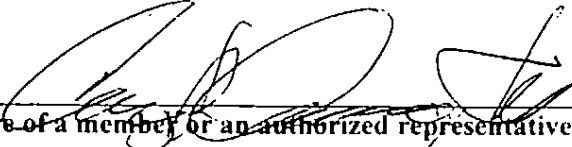
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior to or 90 days after the 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 the 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.

CRAIG CUNNINGHAM
Typed or printed name of signee

FILED
MAY 23 AM 10:10
CLERK OF STATE
TREASURER OF STATE
CLERK OF STATE
TREASURER OF STATE
CLERK OF STATE
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