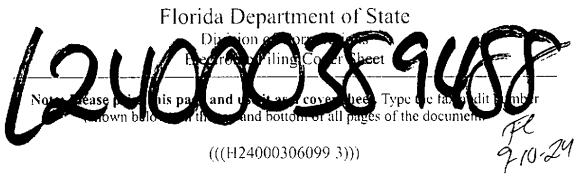
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Division of Corporations





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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 : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

**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.

Charles Tobler Consulting, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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Help

COVER LETTER

~	Charles To	obler Consulting, I	.I.C			
SUBJECT	·	Nar	ne of Lim	ited Liabil	ity Company	,
The enclose	ed Articles o	f Organization and	fee(s) are	submitted	for filing.	
Please retu	rn all corresp	ondence concernin	g this ma	tter to the 1	following:	
	Michael A.	Scott				
				Name of	Person	L my
	Dorcey Lav	v Firm, PLC				
				Firm/Co	mpany	
	10181 Six Y	Mile Cypress Pkwy	Ste C			
			- · · ·	Addr	ess	
	Fort Myers.	FL 33966				
				ity/State an	d Zip Code	
-	• •	registeredagent.cor		for future :	unnual report notificat	ion)
For further is		oncerning this matt				····,
	Michael A.			9	418-0169	
	Nar	ne of Person			Daytime Telephon	e Number
finals, adm	a chuck for	the following amou	1137 -			
	Filing Fee	■\$130,00 Filir Certificate of S	ng Fee &	Certili	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
		ng Address			Street Address New Filing Section D	ivician
	Divis	Filing Section ion of Corporation	s		The Centre of Tallah	assee
		Box 6327 tassee, FL 32314			2415 N. Monroe Stre Tallahassee, FL 3230	

Fax: +12394180048

ARTICLES OF ORGANIZATION FOR FLC	DRIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Charles Tobler Consulting, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "L.E.C.")
ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4649 Idylwood Lu	4649 ldylwood Ln
Charles Tobler Consulting, LLC (Must contain the words "Limited Liab CLE II - Address: ailing address and street address of the principal office Principal Office Address: 4649 Idylwood Ln Naples, FL 34119, US CLE III - Registered Agent, Registered Office, & R dimited Liability Company cannot serve as its own Reger business entity with an active Florida registration.)	Naples, FL
34119, US	34119, US
ARTICLE III - Registered Agent, Registered Office, & F The Limited Liability Company cannot serve as its own Re- mother-business entity with an active Florida registration.)	Registered Agent's Signature: gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
DLF Registered Agem S	Service, L.I.C

10181 Six Mile Cypress Pkwy Ste C Florida street address (P.O. Box NOT acceptable) Fort Myers Zip City

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacinet 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.

> /s/Michael A. Scott Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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

"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Charles J. Tobler 4649 Idylwood Lu		
	Naples, FL 34119, US		
	-		
		.	
(11			
(Use attachment if necessary)			
TICLE V: Effective date, if other than the date	te of filing:	(OPTIONAL)	
an effective date is listed, the date must be s	pecific and cannot be more than five busine	ss days prior to or 🕮 day	vs af
date of filing.)	meet the applicable statutory filing requirem	onto this data will not be	liero
document's effective date on the Departmen		. D	4
		: : :	
TICLE VI: Other provisions, if any.		[2] 9	-5
TICLE VI: Other provisions, if any.			<u>.</u> 5
FICLE VI: Other provisions, if any.		5 0 PH	4 4-12
TICLE VI: Other provisions, if any.		500 H 500 H 500 H	
TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:		5 0 PH	
	ter	500 H 500 H 500 H	

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.

Charles L Tobler

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)