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C. LEWIS

JUN 6 - 2013

EXAMINER

	COVER LETTER
ro:	Registration Section Division of Corporations
SUBJ	CCT: JOS Franchise Consulting, LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jennifer Staudt Name of Person
	JDS Franchise Consulting, LLC
	1755 Grinnell Terrace
	Winter Park, F1. 32789 City/State and Zip Code
	jennifer@idstranchise.computing.  E-mail address: (to be used for future annual report notification)

Jennifer Staudt at (407) 924-8255

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 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** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JDS Franchise Cons (Must end with the words "Limited Liability)	ty Company ("J.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1755 Grinnell Terrace Winter Park, Fi- 32789	1755 Ginnell Terroce Winter Park, Fl. 32789
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the result of the State of the Registered State of the Register	red Agent. You must designate an individual or another egistered agent are:  If COCCUTESS (P.O. Box NOT acceptable)
	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

6/~ 1	ARTICLE IV- Manager(s) or Mana The name and address of each Manage		ve.		
	<u> </u>		FILED		
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	1/3		PM 12: 39
	MGRM	Jennifer Staudt 1755 Ginnell Terro Winter Park, Fl. 327	· · · · · · · · · · · · · · · · · · ·	APASSEC	a`SIME , RLORIÐ <b>M</b> i
	**************************************				
	(Use attachment if necessary)				
(If an	CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)				
	REQUIRED SIGNATURE:  Signature of a member	A suthorized representative of a m	iember.		
	constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	.408(3), Florida Statutes, the execution of the penalties of perjury that the facts state ation submitted in a document to the Deparas provided for in s.817.155, F.S.)	d herein a	are true.	
	Filing Fees:				
	\$125.00 Filing Fee for Articles of Organ	nization and Designation			

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)