

L 210000 86494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

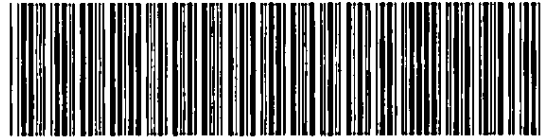
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

ASSOCIATES

SUBJECT: J.L. CONSULTING, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and tests are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACOB H. LAMB

Name of Person  
ASSOCIATES

J.L. CONSULTING, LLC

Firm/Company

16540 TIMBER LANE

Address

PUNTA GORDA, FL 33982

City/State and Zip Code

JHLAMB268@GMAIL.COM

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

For further information concerning this matter, please call:

JACOB LAMB at (239) 425-5597  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 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  
New Filing Section  
Division of Corporations  
P.O. Box 6227  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TALLAHASSEE, FL

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ASSOCIATES

ARTICLES OF ORGANIZATION FOR J.L. CONSULTING, LLC  
A FLORIDA LIMITED LIABILITY COMPANY  
E.L.N. 85-3737685

ARTICLE I - NAME:

ASSOCIATES

The name of the Limited Liability Company is J.L. Consulting, LLC:

ARTICLE II - ADDRESS:

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

Principal Office Address:

16540 Timber Lane  
Punta Gorda, FL 33982

Mailing Address:

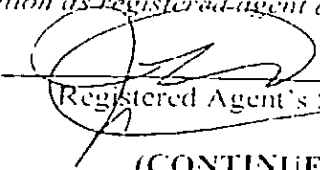
16540 Timber Lane  
Punta Gorda, FL 33982

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

JACOB H. LAMB  
16540 TIMBER LANE  
PUNTA GORDA, FL 33982

*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 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

(CONTINUED)

Sign  
Here

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**ARTICLE IV -**

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

Title:

Name and Address:

Manager/  
Authorized Representative

Jacob H. Lamb  
16540 Timber lane  
Punta Gorda, FL 33982

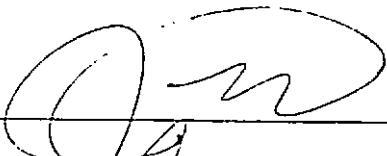
**ARTICLE V:**

Effective date is the date of filing.

**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 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.

  
\_\_\_\_\_  
JACOB H. LAMB



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