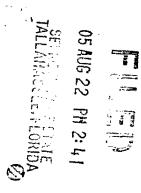


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
*·				
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W05=36935 G11				
Office Use Only				



08/02/05--01046--004 **160.00





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2005

JAMES MICHAEL BOGGS 599 MARMORA AVE TAMPA, FL 33606

SUBJECT: JMB CONSULTING LLC Ref. Number: W05000036935

We have received your document for JMB CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 805A00050333

TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: JMB Con		d Liability Company)		- -
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
James M	lichael Boggs	Name of Person)		
JMB Cunsulting LLC	:			·
		Firm/Company)		
599 Marmo	ra Ave	(Address)		
Tamp	oa, FL 33606			
	(City.	State and Zip Code)	. , , , , , ,	
For further information	concerning this matter, please	call:		,
James Michael Boggs		at (813 477-7654		·*-
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	r the following amount:		AS OF	-· - .
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
стог	ET ADDEEC.	BALLET TINC A	nnpree.	<u>. — </u>

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
JMB Consulting LLC				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
599 marmora Ave Tampa, FL 33606	599 Marmora Ave Tampa, FL 33606			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:			
The name and the Florida street address of the	e registered agent are:			
James Michael Boggs				
Nan	ne			
599 Marmora Ave				
Florida street a	address (P.O. Box NOT acceptable)			
Tampa 33606	, FL			
Having been named as registered agent and t liability company at the place designated it registered agent and agree to act in this capac statutes relating to the proper and complete	AUG 22			
Page 1 c	95 %			

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	.
	
	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	e added if an effective date is requested.
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated her	on 608.408(3), Florida Statutes, the execution stes an affirmation under the penalties of perjury ein are true.)
Filing Fees:	SECHALLA
\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	zation and Designation 106 22 PH 2: U
Pa	age 2 of 2