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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	(Name of Limite	d Lability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Joyce	A. Van Notta	
	7+BC	Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	
	5701	Sw 9th (our)	
	_	Corcil, FL 33	914
	I (City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Name	A. Va. Notig	at (239) <u>740 -</u> (Area Code & Daytime Te	7976 elephone Number)
Enclosed is a check for	or 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 Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	
J+B Consulting	, LLC
(Must end with the words "Limited Liability Co	mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ess of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Joyce A. Van Netta
-3 Name
5701 S.W. 97 Court
Florida street address (P.O. Box NOT acceptable
Cape Coral FL 33914
5701 S.W. 97 Count

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECHETWAY OF STATE TALL AHASSEE FLORIDA

APPROVED

The name and a	address of each Manager	or Managing Member is as follows:	
<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
Mgr		Joyce A. Van Netta 5781 S.W. 9th Court Cape Corel FL 335	14
(Use attachmen	t if necessary)		
	isted, the date must be sp	te of filing:	
REQUIRED S	IGNATURE:		
	(In accordance with section of this document constitute that the facts stated here	r an authorized representative of a member of 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjuring are true.) A. Van Ve Harror printed name of signee	
Filing Fee	<u>s:</u>		₹ 8 €

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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