

**L06000095744**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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LOREXA

To: -  
Division of Corporations  
Fax Number : (850) 205-0383

From: -  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

DIVISION OF CORPORATION

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****J COSTA CONSULTING L.L.C.**

Certificate of Status	0
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

J COSTA CONSULTING L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

## ARTICLE II - Address:

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

Principal Office Address:JORGE COSTAMailing Address:215 SHORE DRIVE SOUTHMIAMI, FL 33133

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JORGE COSTA

Name

215 SHORE DRIVE SOUTHFlorida street address (P.O. Box NOT acceptable)MIAMI, FL 33133FL

City, State, and Zip

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)

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**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:

MGRM

JORGE COSTA

218 SHORE DRIVE SOUTH

MIAMI, FL 33133

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jorge Costa  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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