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#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: J. Dunbar Consulting, LLC	
	(Name of Limited Liability Company)	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Mr. Adam K. Weaver	
	(Name of Person)	
	J. Dunbar Consulting, LLC	
	(Firm/Company)	1
	70 Bolder Rock Drive	T CFP 12 AH 8: 40
	(Address)	~
	Palm Coast, Florida 32137	宝
	(City/State and Zip Code)	مِن
For fu	orther information concerning this matter, please call:	, E
Ada	am K. Weaver <sub>at (_</sub> 386) 931-9732	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	osed is a check for the following amount:	
<b>\$125</b>	5.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\bigcup \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	•

# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2007

MR. ADAM K. WEAVER 70 BOLDER ROCK DRIVE PALM COAST, FL 32137

SUBJECT: J. DUNBAR CONSULTING, LLC

Ref. Number: W07000043111

We have received your document for J. DUNBAR CONSULTING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 30, 2007.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 307A00052370

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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 Compa	any is:
J. Dunbar Consulting, LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "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:
70 Bolder Rock Drive	70 Bolder Rock Drive
Palm Coast, Florida 32137	Palm Coast, Florida 32137
70 Baldan Baak	
70 Bolder Rock	Treet address (P.O. Box NOT acceptable)
Palm Coast,	El
	State, and Zip
liability company at the place designal registered agent and agree to act in this c	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all plete 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



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

The name and address of each Manager or Managing Member is as follows:

MGRM	Adam K. Weaver
	70 Bolder Rock Drive
	Palm Coast, Florida 32137
MGRM	Yesenia P. Weaver
	70 Bolder Rock Drive
	Palm Coast, Florida 32317
(Use attachment if necessary)	Please USE Date of Filim

**REQUIRED SIGNATURE:** 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Adam K. Weaver

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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