L080000 72040

<u></u>	
(Requestor's Name)	
,	
(Address)	
(/ \daic55)	
/A -l-t)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Entity Name)	
(Daniman Allimahan)	
(Document Number)	
Certified Copies Certificates of Status	_
	٦
Special Instructions to Filing Officer:	
i	
•	
	1
•	-
	1
,	
	- 1

Office Use Only



400133340204

07/25/08--01014--019 **160.00

SECRETARY OF STATIONS
ON ISION OF CORPORATIONS
ON JUL 25 PM 1:17

J. BRYAN

JUL 2 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J DAY CONSULTING LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEFFREY MATTHEW DAY (Name of Person)
(Firm/Company)
(0137 NW 121 x AUE (Address)
CORAL SPRINGS FL 33076 City/State and Zip Code) For further information concerning this matter, please call:
(City/State and Zip Code) - P 電子
For further information concerning this matter, please call:
Teffrey Day at (954) 575 5978 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited 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:
Cural Serings, FL 33076 Coral Serings, FL 33076 Coral Serings, FL 33076
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 business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Joffrey Day Name 8 888
Florida street address (P.O. Box NOT acceptable)
Coral Springs FL 33076 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)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member PL 33076 (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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

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