

LD8000117496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

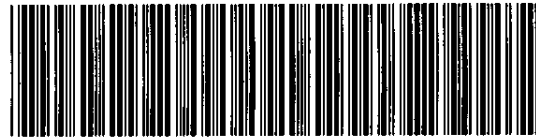
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 30 2008

EXAMINER

COVER LETTER

REGISTRATION SECTION
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: J & A CONSULTING GROUP, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JSANA E. JONES
1717 W. BEDINGFIELD DRIVE
TAMPA, FL 33603

For further information concerning this matter, please call:
JSANA E. JONES
TELE: 813 554 3258

Enclosed is a check for \$125.00 for Filing Fee.

X 
JSANA E. JONES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR J & A CONSULTING GROUP, LLC.

ARTICLE I - Name:

The name of the Limited Liability Company is:
J & A CONSULTING GROUP, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability
Street Address: 1717 W. BEDINGFIELD DRIVE, TAMPA , FL 33603
Mailing Address: 1717 W. BEDINGFIELD DRIVE, TAMPA FL 33603

ARTICLE III: Registered Agent, Registered Office, Registered Agent's Signature:

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

JSANA E. JONES
1717 W. BEDINGFIELD DRIVE
TAMPA FL 33603

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:

X 
JSANA E. JONES

ARTICLE IV: Manager or Managing Member:

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

TITLE:

MANAGING MEMBER

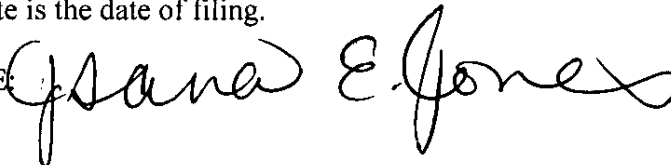
Name and Address of Managing Member:

JSANA E. JONES
1717 W. BEDINGFIELD DRIVE, TAMPA, FL 33603

ARTICLE V: Effective date is the date of filing.

REQUIRED SIGNATURE:

JSANA E. JONES
MEMBER MANAGER



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TALLAHASSEE, FLORIDA