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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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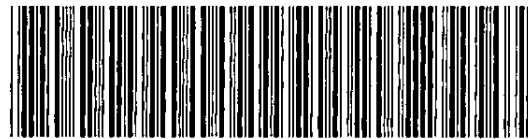
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JAN 19 2010
EXAMINER

FILED
10 JAN 15 AM 10:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. Knowles Consulting, LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
10 JAN 15 AM 10:59

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

Please return all correspondence concerning this matter to the following:

Connie H. Shivers, C.P.

Name of Person

Penson, Duchemin & Davis, P.A.

Firm/Company

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

chs@pendd.com or jennaknowles@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie H. Shivers, C.P.

Name of Person

at (850)

561-8000

Area Code & Daytime Telephone Number

Enclosed is a check for 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 15 AM 10:59

ARTICLES OF ORGANIZATION
J. KNOWLES CONSULTING, LLC
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

J. KNOWLES CONSULTING, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

10035 Thousand Oaks Circle
Tallahassee, Florida 32303

4. **Mailing Address.** The mailing address of the limited liability company is:

10035 Thousand Oaks Circle
Tallahassee, Florida 32303

5. **Members at Time of Formation.** The name of each member at the time of formation:

Jenna Knowles
10035 Thousand Oaks Circle
Tallahassee, Florida 32303

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

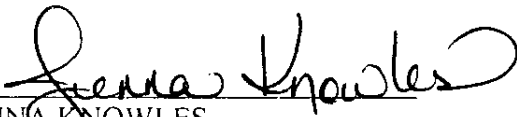
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisional of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be: 1/15/2010.

December 23, 2009



JENNA KNOWLES
Managing Member

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