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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EFFECTIVE DATE 10-1-11

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11 SEP 19 PM 3:06
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 20 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JSJ Nutrition Consulting Services
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:

Jane A Sargent-Jefferson

Name of Person

JSJ Nutrition Consulting Services

Firm/Company

6366 Jarvis Road

Address

Sarasota, Florida 34241

City/State and Zip Code

janesargentjefer@aol.com

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

For further information concerning this matter, please call:

Jane A Sargent-Jefferson

Name of Person

at (**941**)

714-5574

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSJ Nutrition Consulting Services SMLLC.

(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:

6366 Jarvis Road
Sarasota Florida 34241

Mailing Address:

6366 Jarvis Road
Sarasota Florida 34241

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:

Jane A Sargent-Jefferson

Name

6366 Jarvis Road

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL 34241

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Jane A. Sargent-Jefferson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Sarasota Florida 34241

Sarasota Florida 34241

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Page 2 of 2