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EXAMINER



300236921603

07/05/12--01010--015 **160.00

SECRETARY OF STATE OF VISION OF CORPORATION 12:53

EFFECTIVE DATE 7/1/2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: HTCJ Consulting LLC.			\$ 100 SEC
0020	Name of Limited	Liability Com	pany	4
The en	enclosed Articles of Organization and fee(s) are sub	bmitted for fili	ng.	12 30L-5 PM 9: 53
Please	se return all correspondence concerning this matter	to the following	ng:	ب
	Uni Kim Jones			S.
	N	ame of Person		
	HTCJ Consulting LLC.			-11
	F	irm/Company	TEFEC	TIVE DATE 7/1/2012
	3200 Gifford Lane			[1]
		Address		
	Miami, Florida, 33133			
		State and Zip Co	de	
	ukjones01@yahoo.com			
	E-mail address: (to be used for	future annual re	port notification	1)
For fu	urther information concerning this matter, please co	all:		
Uni k	Kim Jones	786	359 434	46
	Name of Person	Area Co	de & Daytime T	elephone Number
Enclo	osed is a check for the following amount:			
3125.06	00 Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified C (additional co		\$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	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporati Building xecutive Centers ussee, FL 3230	ons er Circle

7/1/2012

ARTICLE 1 - Name: The name of the Limited Liability Company is: HTCJ Consulting LLC. (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:

Frincipal Office Address:	Maning Address:
3200 Gifford Lane	3200 Gifford Lane
Miami	Miami
Florida 33133	Florida 33133

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:

Uni Kim	Jones
	Name
3200 Giff	ord Lane
	Florida street address (P.O. Box NOT acceptable)
Miami	33133 _{FL}
	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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM — Wanaging Weine	Uni Kim Jones 3200 Gifford Lane Mami, Florida 33133
(Use attachment if necessary)	ı
	than the date of filing: 1 July 2012 . (OPTIONAl must be specific and cannot be more than five business day
REQUIRED SIGNATURES	
	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Uni Kim Jones

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)