## L12000108240

	•	
(Re	equestor's Name)	
(Ac	ldress)	
( ·-		
(Ac	ldress)	<del></del>
(Ci	ty/State/Zip/Phone	<del>;</del> #)
(	-,	,
PICK-UP	☐ WAIT	MAIL
		<u>.</u>
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
(50	, carrier a tarribor,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



200236913532

07/02/12--01029--012 \*\*130.00

NI AUS 21 PM 3: 11
ECRETANA CE STATE

C. LEWIS

Aug. 22 2012

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

JOHN SCHOOLEY / JAS CONSULTING LLC 8517 109TH ST N SEMINOLE, FL 33772

SUBJECT: JAS CONSULTING LLC Ref. Number: W12000035671

We have received your document for JAS CONSULTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00018093

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The name of the Elimed Elaonity Company is.	
JASP 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 t	he Limited Liability Company is:
Principal Office Address: Mailing Addre	<u>:ss:</u>
acin with stal	rath Stal
SEMINALE FL SEMINALE	<u> </u>
32777 <u>32177000</u>	73777
	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Regist(The Limited Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	tered Agent's Signature: designate an individual or another
The name and the Florida street address of the registered agent ar	re: この 🛨
Massy / Solvadou	2 A
Nuncy L Junoley	
Name /	334 2 日
9517 109th St N	FILEI G21 F
Florida street address (P.O. Box NOT	'acceptable)
· · · · · · · · · · · · · · · · · · ·	S S
SEMINOLE FL 33	5+12
City, State, and Zip	7
Having been named as registered agent and to accept service of p	process for the above stated limited
liability company at the place designated in this certificate, I he	
registered agent and agree to act in this capacity. I further agree	
statutes relating to the proper and complete performance of my of	luties, and I am familiar with and
accept the obligations of myposition as registered agent as pro	ovided for in Chapter 608, F.S
Mhr. (NV///	
SIMMAN SOMACLE	`
Projected Asset Signature (PEGLUPPER)	1
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

<u> </u>	or Managing Member(s):  n Manager or Managing Member is as follows: TALLAMASSE  Name and Address:
'MGRM" = Managing Memb	per
$\triangleright$	John Aschooley
	8517 109 th STN
_	SEMINOLE, FL 33772
<u> </u>	Nancy L Schooley
	8617 109th St N SEMINOLE FL 33772
	SEMINOLE FL 33772
<u> </u>	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing OPTIONA must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURES	than the date of filing OPTIONAl must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of the date of filing.)  (In accordance with seconstitutes an affirmal I am aware that any ficonstitutes a third degree of the date of the dat	than the date of filingOPTIONAl must be specific and cannot be more than five business da

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