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## **COVER LETTER**

TO:	TO: Registration Section Division of Corporations					,	
SUBJE	CT: JC	F C	onsulting	Services d Liability Company	LLC		
			Name of Limite	d Liability Company			
The end	closed Articles of	of Organiza	ation and fee(s) are s	ubmitted for filing.			
Please 1	eturn all corresp	pondence o	concerning this matte	er to the following:			
-		J	ose Ca	Name of Person.	roa		
•	Jo	~ ' LF (	Inneulti.	s Se-vices	. 1		
•				Erm/Company	, <u> </u>		
	151	10 N	E 191 S	# 245 Address			
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•			City	//State and Zip Code		7	2013
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For furt	her information	concernin	g this matter, please	call:		Ö E U	Çen [
<u></u>	Name	of Person	igueroa	call:  _at ( 86) 2 Area Code & Day	90 – I	hone Number	* + 17
Enclos	ed is a check f	or the fol	lowing amount:				
<b>(12</b> \$125.	00 Filing Fee	<b>□\$</b> 130	.00 Filing Fee & ficate of Status	□\$155.00 Filing Fee Certified Copy (additional copy is enc	& U	\$160.00 Filing Certificate of Certified Copy (additional copy	g Fee, Status & y
		Regist Division P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations Center Ci	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JCF Consulting S	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1540 NE 191 St #245 North Miani Beach, Fr 33179	1540 NE 191 St #245 North Miami Beach, FC 33179
North Miani Beac City, Stat	gistered agent are:  St #245  ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	nis certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

## **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	Name and Address:
"MGRM" = Managing Member  MGR	Jose Carlos Figueroa 1540 NE 191 St #245 North Miani Beach FL 33179
	2011 AL
	SSET OF THE PROPERTY OF THE PR
(Use attachment if necessary)	TO TO THE PARTY OF
	date of filing: (OPTIONAL) be specific and cannot be more than five business day.
	TOTA OF A MEMBER.
constitutes an affirmation under I am aware that any false informa	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Jose Cartos Figueroa
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)