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Division of Corporations **Electronic Filing Cover Sheet** 



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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

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## FLORIDA LIMITED LIABILITY CO. JTJ CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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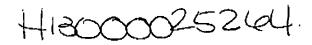
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https://efile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP

05/01/5013 11:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
JTJ CONSULTING, LLC	
(Must end with the words "Limited Limbility 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:	
0105 5.W.115th Ct. 10105 5.W.115th Ct. 10105 5.W.115th Ct. 10105 5.W.115th Ct.	
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:	
C)ANCT PEREZ TAVEL	
Name	
10105 SW 15th Ct.	
Florida street address (P.O. Box NOT acceptable)	
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.,	
accept the odinguitors of my position as registered tigent as provided for in Chapter 600, F.S.,	(7)
1 Dillet Janu	Sec
Registered Agent's Signature (REQLIRED)	
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<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MAGTING MYMBOL	DANET P. TAVEL  10105 SUD 115 th St.  COLORS FUE TO THE
MACENTE CHECKAGE	DAVIER TAVEL  1005 SW 154 CA  MAMILY BY 30116
Use attachment if necessary)	
EV: Effective date, if other than tective date is listed, the date mus	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
ective date is listed, the date mustays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a menoment o	ther or an authorized representative of a member.  308.408(3), Plorida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  309.408(4) or in a document to the Department of State only as provided for in s.817.188, F.S.)

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