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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JAH Consulting, LLC
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:
Jason Hall
Name of Person
JAH Consulting, LLC
Firm/Company
1041 South Blvd.
Address
Lakeland, FL 33803
City/State and Zip Code
jasonh1013@hotmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Hall <sub>at (</sub> 863 ) 683-4320
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JAH Consulting, LLC	(Must end with the word	s "Limited Liability Company, "L.L.C"	or "LLC.")
ARTICLE II - Ad The mailing address		principal office of the Limited Liability C	ompany is:
		•	
Principal Office A	Address:	Mailing Address:	
1041 South Blvd.		1041 South Blvd.	
Lakeland, FL 33803		Lakeland, FL 33803	· · <del>-</del> · · · · · · · · · · · · · · · · · · ·
	<del></del>		
another business e	lity Company cannot serve ntity with an active Florida Florida street address of the		esignate an individual or
	Jason Hail		
	<del></del>	Name	
	1041 South Blvd.		
		s (P.O. Box <u>NOT</u> acceptable)	
	Lakeiang	FL <b>33803</b>	
	City		
the place desig capacity. I furth	nated in this certificate, I he er agree to comply with the d I am familiar with and acc	o accept service of process for the above st reby accept the appointment as registered provisions of all statutes relating to the pro- cept the obligations of my position as regis Chapter 605, F.S	agent and agree to act in this oper and complete performance
		CONTINUED)	<b>14</b>
		Page I of 2	MIN DO THE DO B

Title:	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	
AMBR	Jason Hall
	1041 South Blvd.
	Lakeland, FL 33803
AMBR	Kerrie Hall
	1041 South Blvd.
	Lakeland, FL 33803
(Use attachment if necessary)	
ctive date is listed, the date must be f filing.)	date of filing: 1/7/14
ective date is listed, the date must be of filing.)	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a	e specific and cannot be more than five business days prior to or  Half
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sectionstitutes any affirmation constitutes any affirmation).	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes any affirmation I am aware that any fals)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State
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