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## COVER LETTER

CT: <u>Julie Y</u> e	oung Consulting LLC Name of L	imited Liability Company	·
osed Articles	of Organization and fee(s)	are submitted for filing.	
turn all corre	spondence concerning this	matter to the following:	
Bruce Yo	oung	Name of Person	
Julie You	ung Consulting LLC		
		Firm/Company	
1914 Ma	ple Leaf Dr	Address	
Winderm	nere FL 34786	City/State and Zin Code	
ung57@gm	eil com	•	ation)
er informatio	on concerning this matter, pl	ease call:	
<b>'ouno</b> Nar			lephone Number
l is a check fo	or the following amount:		
Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street/Courier Add Registration Section	ress
	Division of Councy  T: Julie Yourseld Articles  turn all correct Bruce Your 1914 Ma  Winderm  ung57@gm  er information  Young  Nar  I is a check for Filing Fee	besed Articles of Organization and fee(s) turn all correspondence concerning this is  Bruce Young  Julie Young Consulting LLC  1914 Maple Leaf Dr  Windermere FL 34786  ung57@gmail.com E-mail address: (to be user information concerning this matter, please of Person  It is a check for the following amount:  Filing Fee  I \$130.00 Filing Fee &	Division of Corporations  T: _Julie Young Consulting LLC Name of Limited Liability Company  Division of Corporations  T: _Julie Young Consulting LLC  Bruce Young Name of Person  Julie Young Consulting LLC  Firm/Company  1914 Maple Leaf Dr  Address  Windermere FL 34786  City/State and Zip Code  ung57@gmail.com  E-mail address: (to be used for future annual report notificate information concerning this matter, please call:  Young  Name of Person  Area Code  Daytime Te  Lis a check for the following amount:  Filling Fee  Zi\$130.00 Filling Fee & Certificate of Status  Mailing Address  Street/Courier Add  Street/Courier Add  Street/Courier Add

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Julie Young Consulting LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
1914 Maple Leaf Dr Windermere FL 34786	1914 Maple Leaf Dr Windermere FL 34786	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its another business entity with an active Florida registr	own Registered Agent. You must de	
The name and the Florida street address of the regist	ered agent are:	er er
Bruce Young		
N	ame	in the second
1914 Maple Leaf Dr Florida street address (P.O.	Box NOT acceptable)	-7
Windermere	FL 34786	14 H
City	Zip	e personal de la companya de la comp
Registered Agent's S	ccept the appointment as registered ons of all statutes relating to the proe obligations of my position as regischapter 605, F.S  Example: (REQUIRED)	agent and agree to act in this oper and complete performance
Page	I 0I Z	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Bruce Young
AMDE	1914 Maple Leaf Dr
	Windermere FL 34786
AMBR	Julie Young
	1914 Maple Leaf Dr Windermere FL 34786
<del></del>	
<del></del>	
(Use attachment if necessary)  EV: Effective date, if other than the date ective date is listed, the date must be si	
EV: Effective date, if other than the dat	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Decific and cannot be more than five business days prior to or sometimes of a member.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6	Decific and cannot be more than five business days prior to or some state of a member.  October of an authorized representative of a member.  October of an authorized statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or some state of a member.  Other presentative of a member.  Other penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	nember or an authorized representative of a member.  205.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  21. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c