

L14 000091792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

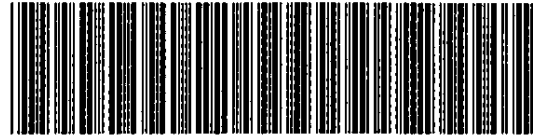
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260381811

05/20/14--01011--017 **125.00

FILED
2014 JUN -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffman JUN -9 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLAS CONSULTING GROUP 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:

JAMES ELLIOTT DAVIS
Name of Person

Firm/Company

9838 OLD BAYMEADOWS RD SUITE 190
Address

JACKSONVILLE, FLORIDA 32256
City/State and Zip Code

JAMES@ATLASCONSULTGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES DAVIS at (904) 424-2073
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2014

JAMES ELLIOTT DAVIS
9838 OLD BAYMEADOW RD SUITE 190
JACKSONVILLE, FL 32256

SUBJECT: ATLAS CONSULTING GROUP LLC
Ref. Number: W14000033221

We have received your document for ATLAS CONSULTING GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 514A00011470

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLAS CONSULTING GROUP 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 the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6900 PHILLIPS HIGHWAY
STE 52
JACKSONVILLE, FL 32216

9838 OLD BAYMEADOWS RD
STE 190
JACKSONVILLE, FL 32256

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:

JAMES DAVIS
Name
9838 OLD BAYMEADOWS RD STE 190
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32256
City Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -9 AM 9:27

FILED

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JAMES DAVIS

9838 OLD BAYMEADOWS RD STE 190

JACKSONVILLE, FL 32256

(Use attachment if necessary)

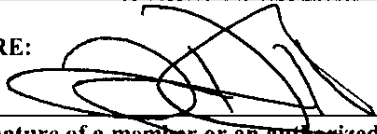
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

TO CONDUCT MARKETING AND SALES CONSULTING, COLLECTIONS, LIVE SCAN SERVICES,
WEB DESIGN, AND MERCHANT SERVICES. EITHER DIRECTLY OR THROUGH THIRD PARTY.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMES ELLIOTT DAVIS

Typed or printed name of signee

FILED
2014 JUN -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)