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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: JAR Consulting, LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Julie A. Rodgers	Name of Person	
		Firm/Company	
	811 Princeton Drive	Address	
	Clermont, FL 34711	City/State and Zip Code	
ju	lierodgers85@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Julie /	A. Rodgers at (Name of Person	954) 461-7583 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	00 Filing Fee & Certificate of Status	S155.00 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
JAR Consulting, LLC (Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:	٠
Principal Office Address:	Mailing Address:	
811 Princeton Drive Clermont, Florida 34711	811 Princeton Drive Clermont, Florida 34711	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	s own Registered Agent. You must designate an individua stration.)	l or
Julie A. Rodgers		
	Name	
811 Princeton Drive Florida street address (P.C	D. Box NOT acceptable)	
Clermont	FL 34711	
City	Zip	
the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept the Registered Agent's	accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and complete per the obligations of my position as registered agent as provide Chapter 605, F.S Signature (REOURED)	ct in this rformance
Pag	gelof2.	ج. م

<u> Fitle:</u>	Name and Address:		
AMBR" = Authorized Member			
MGR" = Manager			
AMBR	Julie A. Rodgers		
	811 Princeton Drive		
	Clermont, Florida 34711		
			_
V: Effective date, if other than the date of filin	ng: (OPTI and cannot be more than five business days	ONAL) prior to o	r 90
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ARTICLE IV-