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TO ACKNOWLEDGE

TO ACKNOWLEDGE

OF STATE OF

SCOREDAR DE SEATE

15 JAN 30 AH II: 55

K. SALY EXAMINER JAN 3 0 2015

COVER LETTER

Division of Corporations
SUBJECT: Harrison Scientific Consulting Services 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:
Joshua Harrison Name of Person
Firm/Company
6358 Glasgow Dr. Address
Tallahassee, FL 32312 City/State and Zip Code
hscservicesllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (850) 694-4083 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
] \$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S155.00 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company is:		ುವ∞	が
Harrison Scientific (Consulting Services LLC.		王 勞	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	平常	
ARTICLE II - Addro	ess:	·	100 m	30
The mailing address a	nd street address of the princip	al office of the Limited Liability Company is:		
Principal Office Add	ress:	Mailing Address:	100 A	15 JAN 30 AN 11:55
6358 Glasgow Dr.		6358 Glasgow Dr.	5111	Çji
Tallahassee, FL 32	312	Tallahassee, FL 32312		
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(The Limited Liability another business entited	Company cannot serve as its of the registration of the registratio	own Registered Agent. You must designate an interaction.) ered agent are: ame Box NOT acceptable)	individual o	г

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Joshua Harrison
	6358 Glasgow Dr.
	Tallahassee, FL 32312
	Tunana000, 1 E 02012
	ૅ.
	
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ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)