

L15000025447

(Requestor's Name)

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(Business Entity Name)

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15 FEB -9 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jensen Associates Consulting
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:

Erik Jensen
Name of Person

Firm/Company

5105 Sunnydale Circle N
Address

Sarasota, FL 34233
City/State and Zip Code

erikejensen@netscape.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Jensen at (941) 266-6784
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

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15 FEB -9 PM 1:30
TALLAHASSEE
SECRETARY OF STATE

February 4, 2015

I called this morning to inquire about my LLC filing and was told by the representative I spoke to that he was not able to locate any paperwork. He asked that I re-submit the LLC paperwork, and include a copy of the canceled check to reference the fact the State has already cashed my check for the filing.

Please do not hesitate to call me if you need any additional information.

Erik Jensen
941-266-6784

15 FEB -9 AM 10:0
BUREAU OF COMMERCE
INFORMATION SERVICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2015

ERIK JENSEN
5105 SUNNYDALE CIRCLE N
SARASOTA, FL 34233

SUBJECT: JENSEN & ASSOCIATES LLC
Ref. Number: W15000009034

We have received your document for JENSEN & ASSOCIATES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 515A00002566

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jensen Associates Consulting 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:

5105 Sunnydale Circle N

Same

Sarasota, FL 34233

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:

Erik Jensen

Name

5105 Sunnydale Circle N

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL 34233

City

Zip

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SEAL
TALLAHASSEE

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:

Erik Jensen

5105 Sunnydale Circle N

Sarasota, FL 34233

(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.

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.)

Erik Jensen

Typed or printed name of signee

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)