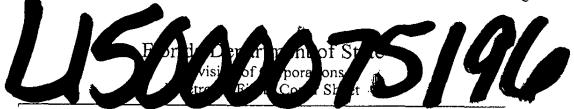
#224 P.001/003

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Fax Number

: (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

D	Addrage.			

## FLORIDA LIMITED LIABILITY CO. JNP Consulting LLC

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Certified Copy	0
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Estimated Charge	\$125.00

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Help, Apr. 2 9 2015

C)

ARTICLES OF ORGANIZATION FOR FLA ARTICLE 1 - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY			
JNP Consulting LLC	iability Company, "L.L.C.," or "LLC.")	<b></b>		
ARTICLE II - Address: The mailing address and street address of the principal office				
Principal Office Address:	Mailing Address:			
1845 Palm Cove BL 8-308	1845 Palin Cove BL 8-308			
Delray Beach, Fl. 33445	Delray Beach, Ft. 33445	<del></del>		
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:  Paul Fender  Name				
1945 Palin Cove BL 8-3	1/1P	Em.		

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.

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

FL

State

Delray Beach

City

33445

Zip

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Paul Fender	
ARON	1845 Palm Cove BL 8-308	
	Delray Beach, Fl. 33445	
(I lea attrohomet) : Canonaman)		
(Use attachment if necessary)  TICLE V: Effective date, if other than the date to affective date is listed, the date gives he and	of filing:	ı
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