

JUN 4 2015 3:50PM JONES FOSTER 561 650 0435 NO. 3799
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 Division of Corporations

Florida Department of State
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
 Account Number : 076077003231
 Phone : (561)650-0471
 Fax Number : (561)650-5300

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 TALLAHASSEE, FLORIDA

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

Email Address: jfservice@jonesfooster.com

FLORIDA LIMITED LIABILITY CO.
 HELTON CONSULTING, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HELTON CONSULTING, 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:

BRIAN KENNEDY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS, P.A.

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

jfservice@jonesfoster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Kennedy 561 659-3000

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

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JUN. 4. 2015 3:51PM

JONES FOSTER 561 650 0435

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NO. 3799 P. 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
HELTON CONSULTING, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is "HELTON CONSULTING, LLC".

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is:

33 Persimmon Drive
Palm Coast, FL 32164

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Michael Helton
33 Persimmon Drive
Palm Coast, FL 32164

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ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

ARTICLE V

Manager(s) or Managing Member(s)

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

Michael Helton
33 Persimmon Drive
Palm Coast, FL 32164

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon the filing with the Secretary of State of the State of Florida.

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.

Date: June 4, 2015


MICHAEL HELTON, Manager

JUN. 4. 2015 3:51PM

JONES FOSTER 561 650 0435

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That HELTON CONSULTING, LLC, desiring to organize under the laws of the State of Florida, has named MICHAEL HELTON, located at 33 Persimmon Drive, Palm Coast, FL 32164, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.



MICHAEL HELTON

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