

L 15000097403  
JUN 4, 2015 3:50PM JONES FOSTER 561 650 0435 NO. 3799  
Division of Corporations

Florida Department of State  
Division of Corporations  
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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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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@jonesfooster.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

at ( )

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 &  
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\$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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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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**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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