

LIS 000118007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

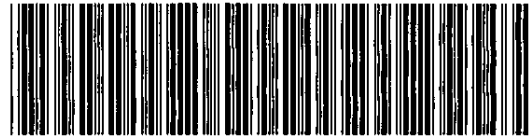
Special Instructions to Filing Officer:

Office Use Only

W1500040539

JUL 15 2015

T. SCOTT



100273480271

06/04/15--01007--015 \*\*130.00

15 JUL 15 PM 1:42

RECEIVED JUL 13 2015

July 2, 2015

Florida Department of State  
Division of Corporations  
P. O. BOX 6327  
Tallahassee, FL 32314

Re: JR MYERS CONSULTING LLC  
W15000040539

Dear Sir:

Please send a Certified Copy of the document for this LLC.  
I have enclosed a check in the amount of \$30.00.

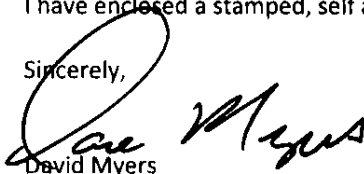
600274788376  
07/07/15--01022--030 \*\*30.00

I have not received a letter of acknowledgment nor the Certificate of Status for this LLC.  
My bank will not open a business account without documentation.

I paid for a Certificate of Status with the original application; but, a required signature  
was missing. It's possible that this caused some confusion, and the verifications were missed.

I have enclosed a stamped, self addressed envelope to help expedite this request

Sincerely,



David Myers  
1706 Heatherwood Drive  
St Johns, Florida 32259



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2015

DAVID MYERS  
JR MYERS CONSULTING LLC  
1706 HEATHERWOOD DRIVE  
ST JOHNS, FL 32259

SUBJECT: JR MYERS CONSULTING, LLC  
Ref. Number: W15000040539

We have received your document for JR MYERS CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 015A00013765

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JR |MYERS 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:

David Myers

\_\_\_\_\_  
Name of Person

JR MYERS CONSULTING LLC

\_\_\_\_\_  
Firm/Company

1706 Heatherwood Drive

\_\_\_\_\_  
Address

St Johns, Florida 32259

\_\_\_\_\_  
City/State and Zip Code

myersdave@bellsouth.net

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

For further information concerning this matter, please call:

David Myers

904

635-0065

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 &  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JR MYERS 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:

1706 Heatherwood Drive  
St Johns, Florida 32259

Mailing Address:

1706 Heatherwood Drive  
St Johns, Florida 32259

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:

David Myers

Name

1706 Heatherwood Drive

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

St Johns

Florida

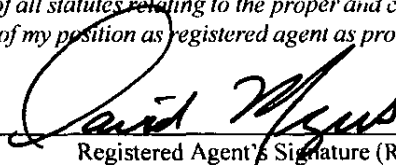
32259

City

State

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUL 15 PM 1:42

**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

AMBR

**Name and Address:**

David Myers

1706 Heatherwood Drive

St Johns, Florida 32259

Denise L Myers

1706 Hetherwood Drive

St Johns, FL 32259

(Use attachment if necessary)

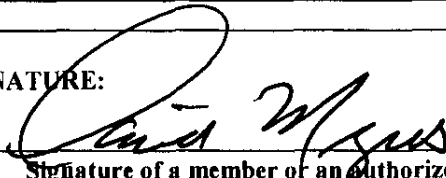
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

David Myers

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)