

L15000013824M

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

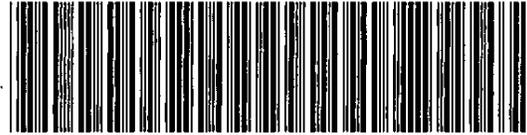
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*eff. Date too far
in past.
W15000052358*

Office Use Only



600275218426

07/29/15--01004--012 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 13 AM 4:40

RC

AUG 17 2015

R. WHITE



RECEIVED AUG 13 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2015

JENNIFER BROWNING
1 BEACH DR SE UNITE 1906
ST PETERSBURG, FL 33701

SUBJECT: BUSINESS CONSULTING SOLUTIONS, LLC
Ref. Number: W15000052358

We have received your document for BUSINESS CONSULTING SOLUTIONS, 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 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.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 015A00016318

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Business Consulting Solutions, 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:

Jennifer Browning
Name of Person

Business Consulting Solutions, LLC
Firm/Company

1 Beach Drive, SE, Unit 1906
Address

St. Petersburg, FL 33701
City/State and Zip Code

jbrowningdesigns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Browning 602 478-0769
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

Browning & Business Consulting Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

FILED

15 AUG 13 AM 4:40

(Browning Consulting & Business Solutions)

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1 Beach Dr, SE, Unit 1906
St. Petersburg, FL 33701

same

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.)

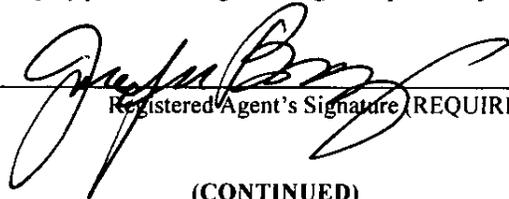
The name and the Florida street address of the registered agent are:

Jennifer Browning
Name

1 Beach Drive SE, Unit 1906
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33701
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)

RECEIVED
15 AUG 13 PM 1:54
TALLAHASSEE, FLORIDA

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:

Jennifer Browning

1 Beach Dr. SE Unit 1906

St. Petersburg, FL 33701

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jennifer Browning

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)