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(Re	equestor's Name)	
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1224

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	JES Consulting Property 2, LLC	;	
SUBJECT	: Name	of Limited Liab	oility Company
The enclos	ed Articles of Organization and fee	e(s) are submitt	ed for filing.
Please retu	rn all correspondence concerning t	his matter to th	e following:
	Joseph Schwartz		
		Name	of Person
		Firm/0	Company
	498 Palm Springs Dr., Ste. 370		
		Ad	dress
	Altamonte Springs, FL 32701		
	iaganh gahayanta@amail.com	City/State	and Zip Code
:	joseph.schwartz@gmail.com E-mail address: (to be	used for futur	e annual report notification)
For further i	nformation concerning this matter,		•
	Joseph Schwartz	407 at (484 - 6789
	1 11 2		Daytime Telephone Number
Enclosed i	s a check for the following amount:		
		e & S15:	5.00 Filing Fee & \$160.00 Filing Fee, ified Copy onal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JES Consulting Pro	perty 2, LLC		
(Must en	d with the words "Limited L	iability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal offi	ce of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
		400	Palm Springs Dr.
498 Palm Springs I	Or.	<u>498</u>	raini Springs Dr.
498 Palm Springs I Ste. 370	Or.	Ste.	370
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Compare)	FL 32701 gent, Registered Office, & ny cannot serve as its own R	Registered Agen	370 monte Springs, FL 32701
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	FL 32701 gent, Registered Office, & ny cannot serve as its own R active Florida registration.	Registered Agenegistered Agent.	370 monte Springs, FL 32701 nt's Signature:
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	FL 32701 gent, Registered Office, & ny cannot serve as its own R active Florida registration.	Registered Agenegistered Agent.	370 monte Springs, FL 32701 nt's Signature:
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	FL 32701 gent, Registered Office, & my cannot serve as its own R active Florida registration. et address of the registered a Joseph Schwartz	Registered Agenegistered Agent.	370 monte Springs, FL 32701 nt's Signature:
Ste. 370 Altamonte Springs ARTICLE III - Registered A	FL 32701 gent, Registered Office, & my cannot serve as its own R active Florida registration. et address of the registered a Joseph Schwartz	Registered Agent egistered Agent.) gent are:	370 monte Springs, FL 32701 nt's Signature:
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration. It address of the registered a Joseph Schwartz	Registered Agent.) gent are: Name Ste. 370	370 monte Springs, FL 32701 nt's Signature: You must designate an individual or
Ste. 370 Altamonte Springs ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration. It address of the registered a Joseph Schwartz 498 Palm Springs Dr.,	Registered Agent.) gent are: Name Ste. 370	370 monte Springs, FL 32701 nt's Signature: You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 DEC 10 AH 2:35
SESTED OF STAIL

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager 4GR	Joseph Schwartz
lok	498 Palm Springs Dr., Ste. 370
	Altamonte Springs, FL 32701
•	
V: Effective date, if other than the date	te of filing: (OPTIONAL)
ctive date is listed, the date must be s filling.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date tive date is listed, the date must be so filling.) the date inserted in this block does not the date inserted at the Department of t	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not t of State's records.
V: Effective date, if other than the date tive date is listed, the date must be suffiling.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
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V: Effective date, if other than the dative date is listed, the date must be sfiling.) he date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EFOURED SIGNATURE: Signature of a man aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. Member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.