

# L16000014327

(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:

JILL? GAVE  
correct/prin. office + mailings  
DATE 1/26/16

Office Use Only



700280740897

01/13/16--01013--008 \*\*125.00

FILED  
16 JAN 13 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H. G... JAN 20 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Julian Consulting Services  
\_\_\_\_\_  
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:

Jill Lindsey  
\_\_\_\_\_  
Name of Person  
  
Julian Consulting Services  
\_\_\_\_\_  
Firm/Company  
  
PO Box 491  
\_\_\_\_\_  
Address  
  
Riverview FL 33568  
\_\_\_\_\_  
City/State and Zip Code  
  
julianconsultingservices.llc@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Lindsey                      615                      243-4262  
\_\_\_\_\_  
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:

Julian Consulting Services, 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:

Mailing Address:

Principal Office Address:

PO Box 491  
Riverview FL 33568

10810 Boyette Road, Ste. 491  
Riverview, FL 33578

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:

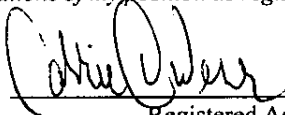
Carrie Owens  
Name

9627 Banelier Drive  
Florida street address (P.O. Box **NOT** acceptable)

Orlando                      FL                      32817  
City                              State                      Zip

FILED  
16 JAN 13 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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)

**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:**

Jill Lindsey  
PO Box 491  
Riverview, FL 33578

AMBR

Carrie Owens  
9627 Bandelier Dr.  
Orlando FL 32817

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/18/2016 (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.

FILED  
16 JAN 13 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REQUIRED SIGNATURE:**

*Jill Julian Lindsey*

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.

Jill Julian Lindsey

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)