

L17000192893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

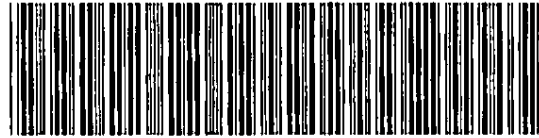
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303410217

09/15/17--01015--015 **125.00

SEP 18 2017

K. Brumbley

ROBERT H. MONTGOMERY, III, ESQUIRE, P.C.

230 SOUTH BROAD STREET
SUITE 305
PHILADELPHIA, PA 19102
Phone (215) 731-1404
Fax (215) 701-1861
www.YourDentallawyer.com

Robert H. Montgomery, III *

Justin J. Weaver

Anna M. Haslinsky

Andrew M. Slom

Kimberly Rest Montgomery, *of counsel* †

Margaret E. Bowles, *of counsel* □

Shari Reed Hunn, *of counsel* ◊

Members of the Pennsylvania & New Jersey Bars

* Also Member of New York & Texas Bars

† Also Member of District of Columbia Bar

□ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

◊ Member of Pennsylvania Bar only

Sender's E-mail: Anna@RMontgomery-law.com

September 12, 2017

Via First Class Mail

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

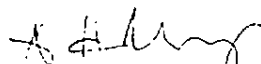
Re: Articles of Organization – JR2 Consulting, LLC

Dear Sir/Madam:

Enclosed please find for filing Articles of Organization for JR2 Consulting, LLC and a check made payable to the "Florida Department of State" in the amount of \$125.00 to cover the filing fee.

After filing, kindly return a file-stamped copy in the enclosed, self-addressed stamped envelope. Please feel free to contact me with any questions. Thank you.

Very truly yours,


Anna M. Haslinsky

enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JR2 Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Haslinsky

Name of Person

Robert H. Montgomery, III, Esq. P.C.

Firm/Company

230 S. Broad Street, Suite 305

Address

Philadelphia, PA 19102

City/State and Zip Code

Anna@RMontgomery-law.com

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

For further information concerning this matter, please call:

Anna Haslinsky 215 731-1404
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:

JR2 Consulting, LLC

(Must contain 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:

Mailing Address:

7326 Viale Angelo

Delray Beach, FL 33446

7326 Viale Angelo

Delray Beach, FL 33446

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:

Susan Rush

Name

7326 Viale Angelo

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

Delray Beach

FL

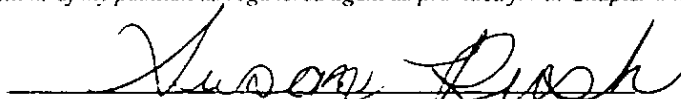
33446

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Susan Rush

7326 Viale Angelo

Delray Beach, FL 33446

(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.

Susan Rush

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)