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(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:





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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	J. PINSKY CONSULTING	LLC
505020		f Limited Liability Company
The enclo	sed Articles of Organization and feet	s) are submitted for filing.
Please ret	urn all correspondence concerning th	is matter to the following:
	JESSICA PINSKY	
		Name of Person
		Firm/Company
	356 VALLEY FORGE ROAD	
		Address
	WEST PALM BEACH, FL 33405	
		City/State and Zip Code
	pinsky.jessica@gmail.com	16-6
	·	used for future annual report notification)
For further	information concerning this matter, p	dease call:
	Jessica Pinsky	561 202-0990
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 F	Filing Fee S130.00 Filing Fee Certificate of Status	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J. PINSKY CONSULTING LLC.			
(Must contain the words "Lin	mited Liability Com	pany, "L.L.C.," or "LLC.")	•
ARTICLE II - Address:			
The mailing address and street address of the princ	cipal office of the Li	mited Liability Company is:	
Principal Office Address	<u>s</u> :	Mailing Address:	
356 VALLEY FORGE RD		356 VALLEY FORGE RD	
WEST PALM BEACH, FL 33405		WEST PALM BEACH, FL 33405	-
			-
(The Limited Liability Company cannot serve as it another business entity with an active Florida regi	ts own Registered A stration.)		17 OCT
(The Limited Liability Company cannot serve as it another business entity with an active Florida regi The name and the Florida street address of the reg	ts own Registered A stration.) istered agent are:	gent. You must designate an individual or	17 OCT -2
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered JESSICA PINS	ts own Registered A stration.) istered agent are:		-2
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region JESSICA PINS	is own Registered A stration.) istered agent are:	gent. You must designate an individual or	-2 期1
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region JESSICA PINS 356 VALLEY	is own Registered A stration.) istered agent are: SKY Name	gent. You must designate an individual or	-2 期1
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region JESSICA PINS 356 VALLEY	is own Registered A stration.) istered agent are: SKY Name FORGE ROAD address (P.O. Box N	gent. You must designate an individual or	-2

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)

"AMDD" - Authorized Manches	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JESSICA PINSKY
WOR	356 VALLEY FORGE ROAD
	WEST PALM BEACH, FL 33405
	WEST FALM BEACH, PL 35405
	
(1 ! :	
effective date is listed, the date must be	ate of filing: SEPTEMBER 25, 2017 (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date iffective date is listed, the date must be see of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does no cument's effective date on the Department of the Utility of the Department of the Utility of the Provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department of the Department o	t meet the applicable statutory filing requirements, this date will not be not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a signatu	t meet the applicable statutory filing requirements, this date will not be not of State's records.

as

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Optional)

Typed or printed name of signee

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)