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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

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	5 COVER LETTER
то:	New Filing Section Division of Corporations
SUBJI	Inlet Disability Consultants, LLC
SUBST	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Cheryl Jariz
	Name of Person
	Inlet Disability Consultants, LLC
	Firm/Company
	4746 Riverglen Blvd
	Address
	Ponce Inlet, FL 32127
	City/State and Zip Code
	Cheryl.Jariz@gmail.com
	E-mail address: (to be used for future annual report notification)
or furth	er information concerning this matter, please call:
	Cheryl Jariz 952 457-1022
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$ 125.0	O Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabil	ity Company is:		•	
Inlet Disability Con				_
(Must cor	tain the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street:	address of the principal c	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4746 Riverglen Blv		SAI	ие	_
Ponce Inlet, FL 321	27			-
another business entity with an The name and the Florida stree	_			
	4746 Riverglen Blvc	1		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	ecceptable)	
	Ponce Inlet	FL	32127	
	City	State	Zip	
lace designated in this certificate or the regree to comply with the p	e, I hereby accept the apportion of all statutes in the bligations of my position	ointment as register relating to the prope	e above stated limited liability company of sed agent and agree to act in this capacity of and complete performance of my duties as provided for in Chapter 605, F.S	y. <i>I</i>

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Marc Jariz
	4746 Riverglen Blvd
	Ponce Inlet, FL 32127
	·
	
	
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(Use attachment if necessary)	
mar rom of the folding at the	. 650 - January 01 2018 - (ADDITIONALLY)
	ne of filing: January 01, 2018 (OPTIONAL)
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Typed or printed name of signee

(3) (3)

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 17

\$ 5.00 Certificate of Status (Optional)

Chervl Jariz