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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
ALLI AHASSEE, FLORIDA

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COVER LETTER

	New Filing Section Division of Corporations			
SURIEC	J. SCOTT CONSULTING SERVI	CES, LLC		
Sobjec	Name of Limited Liability Company			
The enclo	osed Articles of Organization and fee(s)) are submitted	for filing.	
Please ret	urn all correspondence concerning this	matter to the f	Ollowing:	
	Jay Scherr			
		Name of	Person	
	J. Scott Consulting Services, LLC			
		Firm/Co	mpany	
	5731 John Anderson Hwy			
		Addr	ess	
	Flagler Beach, FL 32136			
	jays@jscottconsultingservices.com	City/State an	d Zip Code	
	E-mail address: (to be us	sed for future a	nnual report notification)	
For further	information concerning this matter, ple	ease call:		
	Jay Scherr	904	236-0431	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.001	Filing Fee \$130.00 Filing Fee & Certificate of Status	L Certific	0 Filing Fee & S160.00 Filing Fee. ed Copy 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	



January 14, 2019

JAY SCHERR 5731 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136

SUBJECT: J. SCOTT CONSULTING SERVICES, LLC

Ref. Number: W19000004399

We have received your document for J. SCOTT CONSULTING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 719A00000996



J. Scott Consulting Services 5731 John Anderson Hwy Flagler Beach, FL 32136 904-236-0431

1-22-19

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Letter Number: 719A00000996

To Whom It May Concern:

Pursuant to the enclosed letter dated January 14, 2019, please be advised that I am the owner of J. Scott Consulting Services, LLC (Document #L17000128130) which was administratively dissolved on September 28, 2018. I hereby release the name for use with reference #W1900004399 under the same entity name and contact. My contact information is below if there are any questions.

Regards,

Jay Scherr

J. Scott Consulting Services 5731 John Anderson Hwy Flagler Beach, FL 32136 904-236-0431

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ulting Services, LLC ust contain the words "Limited"	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited	Liability Company is:	
<u>]</u>	Principal Office Address:		Mailing Addre	<u>ess</u> :
<u>5731 John Ar</u>	derson Hwy	5731	John Anderson Hwy	
Flagler Beach	i, FL 32136		ler Beach, FL 32136	
	with an active Florida registration astreet address of the registered		You must designate an indi	Π
	Jay Scherr 5731 John Anderson	l agent are: Name Hwy		19 JAN 24 AM SLUKLIARY OF FALLAMASSEE.
	Jay Scherr 5731 John Anderson Florida street address	Name Hwy s (P.O. Box NOT ac	cceptable)	19 JAN 24 AM SLUKLIARY OF FALLAMASSEE.
	Jay Scherr 5731 John Anderson	l agent are: Name Hwy		SECRETARY OF STATE

(CONTINUED)

DT	1771	Г	F%/

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Jay Scherr
	5731 John Anderson Hwy
	Flagler Beach, FL 32136
	
(Use attachment if necessary)	
	date of filing: (OPTIONAL)
the document's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE VI: Other provisions, if any.	
DECHINED SIGNATURE	
REOUIRED SIGNATURE:	
).76.
Signature of a	a member or an authorized representative of a member 10 0
This document is ex	secuted in accordance with section 605,0203 (1) (b). Florida Statutiss
I am aware that any	false information submitted in a document to the Department of Sta
constitutes a third de	egree felony as provided for in s.817.155, F.S.
In C - b	S
Jay Scherr	mo B III
	Typed or printed name of signee
	7 C 6 C
#125 00 DW	Filing Fees: Organization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	u)
\$ 5.00 Certificate of Status (Op	tional)