

L19000026165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

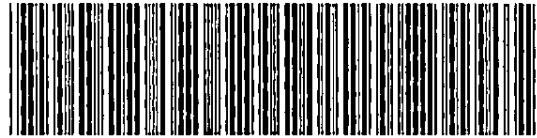
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/28/19--01041--010 **125.00

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19 JAN 28 AM 1:52

CLERK OF COURT
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CLERK OF COURT

Scott Jacobs

212 Waterbury Ln.
Indian Harbour Beach, FL 32937
321-652-4788
Sdjacobs56@gmail.com

January 24, 2019

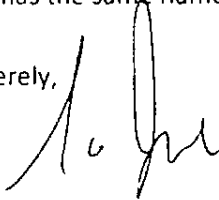
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document Number L13000066491
Scott Jacobs Consulting, LLC

Dear Sir or Madam:

The above referenced LLC has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Formation for a new LLC that has the same name, along with the required \$125 fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jacobs', written over the word 'Sincerely,'.

Scott Jacobs

COVER LETTER

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

SUBJECT: SCOTT JACOBS CONSULTING, LLC
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:

Scott Jacobs
Name of Person
SCOTT JACOBS CONSULTING, LLC
Firm/Company
212 WATERBURY LN.
Address
INDIAN HARBOUR BEACH, FL 32937
City/State and Zip Code
sdjacobs56@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Jacobs 321 652-4788
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:

SCOTT JACOBS 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:

212 WATERBURY LN
Indian Harbour Beach, FL 32937

Mailing Address:

212 WATERBURY LN
Indian Harbour Beach, FL 32937

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:

Scott Jacobs

Name

212 WATERBURY LN

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

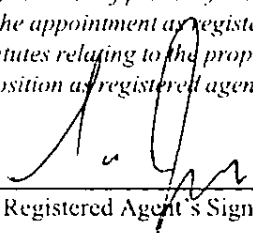
Indian Harbour Beach FL 32937

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)

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CLERK OF DISTRICT COURT
JAN 28 2019

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:

Scott Jacobs

212 WATERBURY LN

Indian Harbour Beach, FL 32937

(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.

Scott Jacobs

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)

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TALLAHASSEE, FLORIDA