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SUBJECT:	Jehu (Capital	Consultants	LLC
SUBJECT		Name of Limited	Liability Company	
Thu anglosac	l Articles of Organization	and feets) are su	hmitted for filing	
Please return	all correspondence conc	erning this matter	to the following:	
	,	Nicole	Changoue	
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	Nicole Chan	954ear 9	Code Daytime Telephon	00
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	a check for the following			
□\$125.00 F		e of Status	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section D	
	Division of Corpora P.O. Box 6327	ations	The Centre of Tallaha 2415 N. Monroe Stre	
	Tallahassee, FL 32:	314	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Jehn Capital Consultants 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:

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:

Nicole Changsne

Name

5540 Tuthill Dr

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

Tampa FL 33624
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)

4	DT	C	L L	IV.

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

"AMBR" = Authorized Member "MGR" = Manager MGR	Also de Clarica	
	Alcorda Alcorda	
<u>MGK</u>	111 . C 0 1 2 (10 0 0 0 0 C 11 U	
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)