# 12000183715

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New Filing Section Division of Corporations TO:

SUBJECT:	Jon Koles C	onsulting Limited	J Liaiblit	y Company	Y	
00000011		Nan	ne of Lim	ited Liabil	ity Company	
The enclosed	Articles of 0	Organization and	fee(s) are	submitted	for filing.	
Please return	all correspo	ndence concernin	g this ma	tter to the f	ollowing:	
J.	onathan Kol	es				
-				Name of	Person	
К	Coles & Burk	e, LLP				
_				Firm/Co	mpany	
2	600 John F.	Kennedy Blvd.				
_				Addr	ess	
J.	ersey City, N	lew Jersey 07306				
-			Ci	ty/State an	d Zip Code	
1/	loles@KBBI		<b>.</b>	C C		•
					innual report notificat	ion)
For further info	ormation con	cerning this matt	er, please	call:		
Jo	mathan Kole	s	20 at (	1	745-2378	
_	Name	of Person		ea Code	Daytime Telephon	e Number
Enclosed is a	check for th	e following amou	nt:			
□\$125.00 F	iling Fee	□\$130.00 Filin Certificate of S		Certifi	5.00 Filing Fee & ed Copy al 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is:		
Jon Koles Consulting	Limited Liability Comp	oany	
(Must conta	in the words "Limited L	liability Company	v, "L.L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	ldress of the principal of	fice of the Limite	d Liability Company is:
	, ,		
Princip:	d Office Address:		Mailing Address:
915 NE 17th Street		91.	5 NE 17th Street
Ft. Lauderdale, Floric	la 33 <u>304</u>	<u>F1.</u>	Lauderdale, Florida 33304
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual or
The name and the Florida street a	address of the registered	agent are:	
	Michael Columbus		
		Name	· · · · · · · · · · · · · · · · · · ·
	915 NE 17th Street		
	Florida street address	(P.O. Box <u><b>NOT</b></u>	acceptable)
	Ft. Lauderdale	Florida	33304

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..

State

City

Registered Agent's Signature (REOUIRED)

Zip

### ARTICLE IV-

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

Title:	Name and Address;
"AMBR" = Authorized	vlember
"MGR" = Manager	
MGR	Jonathan Koles
	2600 Kennedy Blyd.  Jersey City, NJ 07306
	Jersey City, 18J 07306
	<del></del>
	<u> </u>
(Use attachment if neces	sarv)
ARTICLE V: Effective date, if of	her than the date of filing:
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
he date of filing.)	
	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, i	i anv
•	
*****	
REQUIRED SIGNATION	JRE:
	Je
Si	gnature of a member or an authorized representative of a member.
This do	fument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	are that any false information submitted in a document to the Department of State
constitu	tes a third degree felony as provided for in s.817.155, F.S.
1	onathan Koles
<u>-</u>	Typed or printed name of signce

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)

<b>(</b> ·	t contain the words "Limited I	pany Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:		or out the	1175 C
	reet address of the principal o	HICE OF THE LIMITED E	
<u>Pr</u>	incipal Office Address:		Mailing Address:
915 NE 17th St	reet	915 N	E 17th Street
		FA I -	uderdale, Florida 33304
The Limited Liability Cornother business entity wi	ed Agent, Registered Office, npany cannot serve as its own th an active Florida registratio	& Registered Agent Registered Agent. Y	
ARTICLE III - Registere The Limited Liability Cor nother business entity wi	ed Agent, Registered Office, and appropriate the company cannot serve as its own the an active Florida registrationstreet address of the registered	& Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registere The Limited Liability Cor nother business entity wi	ed Agent, Registered Office, npany cannot serve as its own th an active Florida registratio	& Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registere The Limited Liability Cor mother business entity wi	ed Agent, Registered Office, and appropriate the company cannot serve as its own the an active Florida registrationstreet address of the registered	& Registered Agent Registered Agent. Y n.) agent are:	's Signature:
ARTICLE III - Registere The Limited Liability Cor mother business entity wi	ed Agent, Registered Office, on any cannot serve as its own than active Florida registration street address of the registered Michael Columbus	& Registered Agent Registered Agent. Y n.) agent are: Name	's Signature: ou must designate an individual or
ARTICLE III - Registere The Limited Liability Cor mother business entity wi	ed Agent, Registered Office, an appropriate annot serve as its own the an active Florida registration street address of the registered Michael Columbus  915 NE 17th Street	& Registered Agent Registered Agent. Y n.) agent are: Name	's Signature: ou must designate an individual or

the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Michael Columbus

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jonathan Koles 2600 Kennedy Blvd. MGR Jersey City, NJ 07306 (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.

Jonathan Koles

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 5.00 Certificate of Status (Optional)

#### COVER LETTER

то:	Sew Filing Section Division of Corporations
SUBJE	Jon Koles Consulting Limited Liaiblity Company
SOBIL	r:Name of Limited Liability Company
The en	sed Articles of Organization and fec(s) are submitted for filing.
Please	irn all correspondence concerning this matter to the following:
	Jonathan Koles
	Name of Person
	Koles & Burke, LLP
	Firm/Company
	2600 John F. Kennedy Blvd.
	Address
	Jersey City, New Jersey 07306
	City/State and Zip Code JKoles@KBBLegal.com
	E-mail address: (to be used for future annual report notification)
or furthe	nformation concerning this matter, please call:
	Jonathan Koles 201 745-2378
	Name of Person Area Code Daytime Telephone Number
Enclose	a check for the following amount:
	Filing Fee   S130.00 Filing Fee &  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee &  Certificate of Status  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section  Street Address New Filing Section Division
	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street Suite 810

P.O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLE I - Name:			
The name of the Limited Liabili	ty Company is:		
Jon Koles Consultin	g Limited Liability Con	ipany	
(Must con	tain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
- Familia Day			
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited L	ighility Company is:
The maining address and street a	datess of the principal c	THE OT THE LIMITED E	Subting Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
915 NE 17th Street		915 N	E 17th Street
Ft. Lauderdale, Flori	da 33304	Ft. La	uderdale, Florida 33304
ARTICLE HI - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	/ cannot serve as its own active Florida registration	Registered Agent. You.)	's Signature: ou must designate an individual or
	Michael Columbus		
		Name	
	915 NE 17th Street		
	Florida street addres	s (P.O. Box <u>NOT</u> acc	reptable)
	Florida street addres  Ft. Lauderdale	s (P.O. Box <u>NOT</u> acc Florida	reptable) 33304

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Michael Columbus

Registered Agent's Signature (REQUIRED)

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Jonathan Koles

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

	ting Limited Liability Components on the words "Limited L		"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal of	Tice of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
915 NE 17th Stree	et	915 %	NE 17th Street
			auderdale, Florida 33304
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own I an active Flerida registration	k Registered Agen Registered Agent. Y	
ARTICLE III - Registered A	Agent, Registered Office, & any cannot serve as its own I an active Flerida registration	k Registered Agen Registered Agent. Y	ıt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own I in active Florida registration set address of the registered of the Michael Columbus	k Registered Agen Registered Agent. Y	ıt's Signature:
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ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own I in active Florida registration set address of the registered a Michael Columbus	& Registered Agen Registered Agent. Y i.) agent are:	nt's Signature: You must designate an individual or
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Michael Columbus

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)