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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
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D. O'KEEFE MAY 27 2022

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	New Filing Sect Division of Corp					
	Julia Park Co	onsulting				
SUBJE	СТ:					
		Nar	ne of Lim	ited Liabi	lity Company	
The enc	losed Articles of C	Organization and	fee(s) are	submitte	d for filing.	
Please re	eturn all correspor	ndence concernin	g this mat	ter to the	following:	
	Julia Park					
				Name o	f Person	
	Julia Park Cor	isulting, LLC.				
				Firm/C	ompany	·····
	770 41st St					
		·		Add	ress	
	Sarasota, Fl. 3	4234				
		-1	Ci	ty/State a	nd Zip Code	-
	jpark353@gma			C C .		
	Ł	-mail address: (to) be used 1	ior iuture	annual report notificat	non)
For furthe	er information con	cerning this matt	er, please	call:		
	Julia M. Park		941	Ī	713-9463	
	~Name	of Person		ea Code	_) Daytime Telephor	
Enclose	d is a check for th	e following amou	ınt:			
					SS OO Filing Foo &	□\$160.00 Filing Fee.
■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status			☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailine	t Addross			Street Address	
	<u>Mailing Address</u> New Filing Section				New Filing Section D	
Division of Corporations			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Julia Park Consulting LLC.	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
	office of the Limited Liability Company is:
	office of the Limited Liability Company is: <u>Mailing Address:</u>
ARTICLE II - Address: The mailing address and street address of the principal Principal Office Address: 770 41st St.	

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:

ARTICLE I - Name:

Name

770 41st St.

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

Sarasota H. 34234

City State Zip

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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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

	Title:		Name and Address:			
	"AMBR" = Authorized	Member				
	"MGR" = Manager					
	Julia Park,MGR	_	Julia Park 770 41st St			
			Sarasota, Ft. 34234			
			Sunceral, 11, 1727			
					7A., 20	
					2022 אבנ האבנ	
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	(Use attachment if nece	ssary)				
If an ef he date <u>Note:</u>	of filing.)	date must be spe- block does not m	cific and cannot be more than eet the applicable statutory filin	five business days	s prior to or 90	
ARTIC	LE VI: Other provisions,	if any.				
	REQUIRED SIGNAT	Julia 1				
	This do I am av	cument is execute vare that any false	mber or an authorized repressed in accordance with section 60 information submitted in a doct felony as provided for in s.817.)5.0203 (1) (b), Fl ament to the Depa	orida Statutes.	
	1	utia M.Park				
	<u>-</u>		Typed or printed name of sign	et'		
			Typed or primed name or sign			

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)