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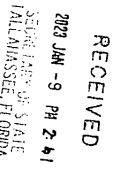
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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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5. <u>(</u>	CORPORATE NAME AND	DOCUMENT #)			
SPECIAL INSTRUC	ΓΙΟΝS:				

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JNA Consulting	
Name of L	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Francis Kov	Name of Person
NA Consultin	Firm/Company
	Address
Francis Kovelevic E-mail address: (to be used	City/State and Zip Code Com d for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Person A	561) 860 - 1158 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:

(Must conta	Ain the words "Limited Li	ability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offi	ce of the Limite	l Liability Company is:	
Principa	al Office Address:		Mailing Address:	
Derry Be	35" Ave ach, FL		Deltay Beach, Fl.	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own R ctive Florida registration.	egistered Agent.	nt's Signature: You must designate an individual	Or
The hame and the Horiga street a		_		
	Francis	Movalevic Vame	<u> </u>	
	2227 NE Florida street address (300 AU	٠	
	Delray Beach	FZ	33444	
	City	State	Zip	
Having been named as registered a place designated in this certificate,				

(CONTINUED)

Registered Agent's Signature (REQUIRED)



"MGR" = N	Authorized Member	Name and Address;		
		Francis Kovalevich		
		ZZZZ NE JE AVE		
		Delta Beach FL 33444		
		,		
	- <u></u>			
				
(Lice attachn	nent if necessary)			
date of filing.) te: If the date inse	erted in this block does not me ive date on the Department of	ific and cannot be more than five business days prior to or 90 days as et the applicable statutory filing requirements, this date will not be liste State's records.		
	SIGNATURE:			
REQUIRED				
REQUIRED	. ,/-			
REOUIREI	This document is executed I am aware that any false in	ber of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.		

ARTICLE IV-

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