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FLORIDA LIMITED LIABILITY CO. JSL WEALTH CONSULTING, LLC

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JSL Wealt	th Consulting, LLC	<u>;</u>	
(Must end	with the words "Limited	Liability Company	', "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	lice of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
1079	6 Oakdale Terrace		10796 Oakdale Terrace	
Senur	iole, FL 33772		Seminole, FL 33772	
(The Limited Liability Company	cannot serve as its own i	Registered Agent, '		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. \ 1.) agent are:	nt's Signature; You must designate an individual	
(The Limited Liability Company another business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Agent. agent are: CPA Partners, LLC	nt's Signature; You must designate an individual	
(The Limited Liability Company another business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Agent. \ 1.) agent are:	nt's Signature; You must designate an individual	
(The Limited Liability Company another business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Agent. agent are: CPA Partners, LLC	nt's Signature: You must designate an individua	
(The Limited Liability Company another business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Agent. agent are: CPA Partners, LLC Name 113th Street, Suite1	nt's Signature: You must designate an individual	
(The Limited Liability Company another business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Agent. agent are: CPA Partners, LLC Name 113th Street, Suite1	nt's Signature: You must designate an individua	

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, E.S..

(CONTINUED)

Page 1 of 2

Jassica Martin, CFA
Flegistered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	John L. Csenge III
	10796 Oakdale Terrace
	Seminole, F1. 33772
	
	to the state of th
•	he date of filing: (OPTIONAL)
ective date is listed, the date must filling.)	the date of filing:
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any, all business purpose.	the specific and cannot be more than five business days prior to or 90 is not meet the applicable statutory filing requirements, this date will not timent of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's office provisions, if any, if business purpose. REQUIRED SIGNATURE: Signature of This document is I am aware that as	t be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's office provisions, if any, if business purpose. REQUIRED SIGNATURE: Signature of This document is I am aware that as	es not meet the applicable statutory filing requirements, this date will not timent of State's records. Distancember or an authorized representative of a member, executed in accordance with section 505.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any, all business purpose. REOURED SIGNATURE: Signature of This document is I am aware that as	es not meet the applicable statutory filing requirements, this date will not them of State's records. Lamember or an authorized representative of a member, executed in accordance with section 505.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State