

MI4000006874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

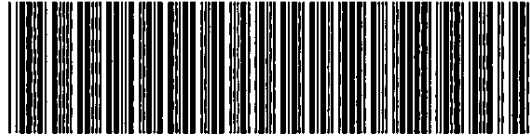
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 SEP 23 AM 11:55

CLERK OF SUPERIOR COURT  
CLERMONT COUNTY, OHIO

SEP 24 2014  
J. B. B. B. B.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2014

JOSEPH POWLESS  
601 ROSERY RD, APT 1003  
LARGO, FL 33770

SUBJECT: JGP CONSULTING LLC / DOUBLE EDGE CONSULTING LLC  
Ref. Number: W14000051290

We have received your document for JGP CONSULTING LLC / DOUBLE EDGE CONSULTING LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 214A00018009

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP 23 AM 11:55

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JGP Consulting LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Joseph Powless  
Name of Person

JGP Consulting LLC  
Firm/Company

601 Rosery Rd Apt 1003  
Address

LARGO FL 33770  
City/State and Zip Code

JGPowless@gmail.com  
E-mail address: (to be used for future annual report notification)

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2014 SEP 23 AM 11:55  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

J. Powless at (520) 282 3162  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ ~~\$155.00 Filing Fee &~~  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. JGP Consulting LLC  
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

Double Edge Consulting LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 46-4839452  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 601 Rosery Rd Apt 1003  
Largo FL 33770  
(Street Address of Principal Office)

6. same  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Joseph G Powless, MMGRM  
601 Rosery Rd Apt 1003  
Largo FL 33770

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

X Joseph G Powless  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Joseph G Powless  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

JGP Consulting LLC

If unavailable, the alternate to be used in the state of Florida is:

Double Edge Consulting LLC

2. The name and the Florida street address of the registered agent and office are:

Joseph Powless

(Name)

601 Rosey Rd Apt 1003

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Largo FL 33770

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, Florida Statutes.*

X Joseph L. Powless

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that JGP CONSULTING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/18/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 04th day of September two  
thousand and fourteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*