4/300007/429

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
MAY 15 2018	
A. LUNT	
,	



300247748353

05/10/13--01018--012 **130.00



Office Use Only

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
SUBJECT: VLR	Consulting LI	_C	
SUBJECT:		ed Liability Company	= 2
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	2013 HAY 10 PH
Please return all corresp	ondence concerning this matt	er to the following:	SSE
Victoria	Ryan		E FE S
		Name of Person	2
VLR Co	nsulting LLC		7.
		Firm/Company	
2514 H	ollyhock Ct		
		Address	
Clearwa	ater FL 33761		
		y/State and Zip Code	
medical.ry	ran@verizon.net	for future annual report notification)	
For further information	concerning this matter, please		
Victoria Ry		727 710-1207	•
Name	of Person	Area Code & Daytime Telephone N	
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, difficate of Status & tified Copy ditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
VLR Consulting LLC		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		2013 TALL
The mailing address and street address of	of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	ARY (
2514 Hollyhock Ct	2514 Hollyhock Ct	
Clearwater FL 33761	Clearwater FL 33761	<u> </u>
		新 2
The name and the Florida street address Victoria Ryan	of the registered agent are:	
	Name	
2514 Hollyhock Ct	<u></u>	
Florida	street address (P.O. Box NOT acceptable)	
Clearwater	_{FL} 33761	
	City, State, and Zip	
Having been named as registered agent liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my position.	ated in this certificate, I hereby accept is capacity. I further agree to comply complete performance of my duties, a	ot the appointment as with the provisions of and I am familiar with

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Victoria Ryan
	2514 Hollyhock Ct
	Clearwater FL 33761
	JEGALIAN AND AND AND AND AND AND AND AND AND A
	<u> </u>
	<u> </u>
(Use attachment if necessary	<i>'</i>)
LE V: Effective date, if other	er than the date of filing: May 5, 2013 (OPTIONAL)
	er than the date of filing: May 5, 2013 (OPTIONAL) late must be specific and cannot be more than five business
	late must be specific and cannot be more than five business
ffective date is listed, the d	late must be specific and cannot be more than five business
ffective date is listed, the o or 90 days after the date of	late must be specific and cannot be more than five business filling.)
ffective date is listed, the d	late must be specific and cannot be more than five business filling.)

Victoria Ryan

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)
- \$ 5.00 Certificate of Status (Optional)

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