

L14000061411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

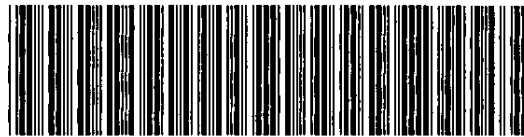
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-21022

Office Use Only



000258275770

03/31/14--01013--022 **125.00

EFFECTIVE DATE 4-1-14

FILED
2014 MAR 31 PM 12:13
CLERK OF COURT

B. BOSTICK

APR 15 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NV Solutions, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Wilbanks
Name of Person

SV Solutions, L.L.C.
Firm/Company

2209 Lark Circle E Apt B
Address

Palm Harbor, FL 34684
City/State and Zip Code

theresa.wilbanks@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Wilbanks at (727) 474-1289
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

2014 JUN 21 10 13 13

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~SV Solutions, LLC~~ NV Solutions L.L.C. ^{SW}
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2209 Lark Circle E Apt B
Palm Harbor, FL 34684

2209 Lark Circle E Apt B
Palm Harbor, FL 34684

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:

Theresa Wilbanks
Name

2209 Lark Circle E Apt B
Florida street address (P.O. Box NOT acceptable)

Palm Harbor FL 34684
City 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, F.S.

Theresa Wilbanks
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Joseph Wilbanks

2209 Lark Circle E Apt B

Palm Harbor, FL 34684

AMBR

Theresa Wilbanks

2209 Lark Circle E Apt B

Palm Harbor, FL 34684

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2014. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Joseph Wilbanks

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, 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 Wilbanks

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)

2014 APR 1 10 13
CLERK OF COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2014

JOE WILBANKS
2209 LARK CIRCLE E.
APT. B
PALM HARBOR, FL 34684

SUBJECT: SV SOLUTIONS, L.L.C.
Ref. Number: W14000021022

We have received your document for SV SOLUTIONS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000031422.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00007051

FILED
2014 APR 21 10 18 13
TALLAHASSEE, FLORIDA