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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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08/15/14--01016--004 **160.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shilling Consulting, LLC Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
James R. or Nikke M. Shilling	Name of Person	
Shilling Consulting, LLC	Firm/Company	
1114 143rd Street NE	Address	
Bradenton, FL 34212	City/State and Zip Code	
ShillingConsulting@hotmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
Nikke M. Shilling at () Name of Person		lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Adda Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Shilling Consulting, LLC	
(Must end with the words "Limited)	Liability Company, "L.L.C.," or "LLC.")
(**************************************	substitution of Basis (
ARTICLE II - Address:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Trincipal Office Address.	Maning Address.
1114 143rd Street NE	1114 143rd Street NE
Bradenton, FL 34212	Bradenton, FL 34212
ADTICLE III Designand Agent Designand Office 9	P. D
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I	
another business entity with an active Florida registration	
•	
The name and the Florida street address of the registered a	agent are:
Milden RA Chillian	
Nikke M. Shilling Name	
Name	
1114 143rd Street NE	
Florida street address (P.O. Box	NOT acceptable)
Bradenton	FI. 34212
City	Zip
·	•
	vice of process for the above stated limited liability company at
	the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of	f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in
	gations of my position as registerea agent as provided for in er 605, F.S
Chapte	7 005, 7 .5.
$(M^*\alpha, iN)$	(My 6:00 -
- Julie We	- Succession - Son
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Nikke M. Shilling
	1114 143rd Street NE
	Bradenton, FL 34212
AMBR	James R. Shilling
	1114 143rd Street NE
	Bradenton, FL 34212
(Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must b f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must b filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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