L14 00 51 P5040

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
L		

Office Use-Only



300267062233

12/05/14--01023--004 **130.00



J. Shivers DEC 1 1 2014

COVER LETTER

Division of Corporations
SUBJECT: HAMILTON CONSULTING INTERNATIONAL, LLC. 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:
MR GEORGE HAMILTON Name of Person
Name of Person
HAMILTON CONSULTING INTERNATIONAL, LLC
Firm/Company
23750 VIA TREVI WAY # 203
City/State and Zip Code CHAMIL 7728@ADL, COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for lutture annual report notification)
For further information concerning this matter, please call:
GEORGE HAMILTON at 248 495-2372 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\bigsim \\$\$130.00 Filing Fee & \cap \\$\$155.00 Filing Fee & \cap \\$\$160.00 Filing Fee, \cap \text{Certificate of Status} & \cap \text{Certified Copy} & \cap \text{Certified Copy} & \text{Certified Copy} & \text{Certified Copy} & \text{Certified Copy} & \text{(additional copy is enclosed)}

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

TO:

Registration Section

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

æ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HAMILTON	CONSULTING IN	TERNATIONAL	., 44C
	CONSULTING IN (Must end with the words "Limited	d Liability Company, "L.L.C.	," or "LLC.")
ARTICLE II - Addr The mailing address a	ress: and street address of the principal o	office of the Limited Liability	Company is:
Principal Office Add	iress:	Mailing Address:	
23750 VIAT BONITA SPI	TREVI WAY #203 CINGS, FL 34/34	23750 VIA TA BONITA SPRIM	PEVI WAY # 203 165, FL 34134
(The Limited Liability another business entity with a	stered Agent, Registered Office, Company cannot serve as its own an active Florida registration.)	Registered Agent. You must	
The name and the Flor	rida street address of the registered		
	GEORGE HAI Name 23750 VIA TRE	MILTON	
	Name		•
	23750 VIA TRE	VI WAY # 203	}
***	Florida street address (P.O. Box	NOT acceptable)	•
	BONITA SPRING	S FL 34/34	
	City	Zip	•
the place designate capacity. I further a	Registered Agent's Signat	the appointment as registered of all statutes relating to the principal statutes of my position as register 605, F.S Ture (REQUIRED)	d agent and agree to act in this coper and complete performance
	(CONTINUI	SD)	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
An	
<u> MGR</u>	GEORGE R. HAMILTON 23750 VIA TREVI WAY # 203 BONITA SPRINGS, FL 34134
	
	filing: JANUARY 1, 2015(OPTIONAL)
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) ICLE VI: Other provisions, if any.	filing: <u>JANUARY I</u> 2015(OPTIONAL) fic and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) ICLE VI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) ICLE VI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 da
REGUIRED SIGNATURE: Signature of a member of accordance with section 605.0203 (onstitutes an affirmation under the penalties of para aware that any false information submitted in institutes a third degree felony as provided for in	fic and cannot be more than five business days prior to or 90 days
REGUIRED SIGNATURE: Signature of a member of accordance with section 605.0203 (onstitutes an affirmation under the penalties of para aware that any false information submitted in institutes a third degree felony as provided for in	ific and cannot be more than five business days prior to or 90 day
REGUIRED SIGNATURE: Signature of a member of accordance with section 605.0203 (onstitutes an affirmation under the penalties of para aware that any false information submitted in institutes a third degree felony as provided for in	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document of state on a document to the Department of State on s.817.155, F.S.)

Page 2 of 2