

L15000079464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

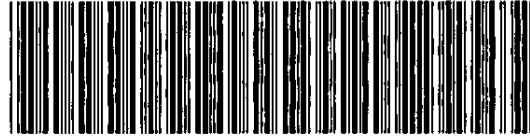
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/15--01020--010 **125.00

FILED
15 MAY - 6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 6 2015

T. HAMPTON

405946-510

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P.V.P.N.G., 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:

JOHN MCE MILLER

Name of Person

ROCK SOLID BUSINESS LAW, PLLC

Firm/Company

484 OSCEOLA AVENUE

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MCE MILLER 904 241-1113
Name of Person at () Daytime Telephone Number

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
(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
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY -6 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

April 16, 2015

JOHN MILLER, ESQ
ROCK SOLID BUSINESS LAW PLLC
484 OSCEOLA AVE
JACKSONVILLE, FL 32250

SUBJECT: PONTE VEDRA PROFESSIONAL NETWORKING GROUP, LLC
Ref. Number: W15000026524

We have received your document for PONTE VEDRA PROFESSIONAL NETWORKING GROUP, LLC 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 L13000172067 (PONTE VEDRA PROFESSIONAL NETWORKING GROUP, LLC).

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 115A00007600

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.V.P.N.G., LLC

(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:484 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250Mailing Address:484 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

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:

ROCK SOLID BUSINESS LAW, PLLC

Name

484 OSCEOLA AVENUEFlorida street address (P.O. Box NOT acceptable)JACKSONVILLE BEACHFL 32250

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**GWEN DASHER1315 3RD STREET SOUTHJACKSONVILLE BEACH, FL 32250MGRMARTI TYRREL210 14TH AVENUE SOUTHJACKSONVILLE BEACH, FL 32250

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:**

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.)

GWEN DASHER

Typed or printed name of signer

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)

FILED
15 MAY -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA