

L15000139742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

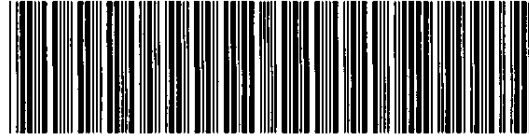
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WIS- 44158

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E2C2 Consulting 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:

Stephen G. Nitzschke

Name of Person

E2C2 Consulting LLC

Firm/Company

3613 Cordgrass Dr.

Address

Valrico FL 33571

City/State and Zip Code

Stephen.Nitzschke@gmail.com

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

For further information concerning this matter, please call:

Stephen Nitzschke

813

3901920

at ()

Name of Person

Area Code

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

July 7th 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


SUBJECT: EVOLUTIONS LLC Ref No# W15000044158

Dear Jessica A. Fason

Thank you for your recent letter requesting a modification to the name designated on my filing request. Accordingly, I have modified my request and changed the named to Evolutions Consulting LLC.

Please let me know if you require any further information of modification.

Sincerely,


Stephen G. Nitzschke
3613 Cordgrass Dr.
Valrico, FL 33596

Phone 813.390.1920
E-mail: sgnitz@hotmail.com

Jessica,

Thanks for getting this done. I'd
like to open a bank account ASAP -
Btw. This was the letter I sent
after the first request was rejected

Best!
Steve

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E2C2 Consulting 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:

3613 Cordgrass Dr.

Valrico FL 33596

Mailing Address:

3613 Cordgrass Dr.

Valrico FL 33596

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:

Stephen Nitzschke

Name

3613 Cordgrass Dr.

Florida street address (P.O. Box **NOT** acceptable)

Valrico

FL

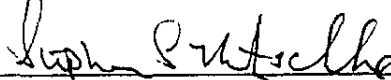
33596

City

State

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)

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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:

Evan Nitzschke

3613 Cordgrass Dr.

Valrico FL 33596

(Use attachment if necessary)

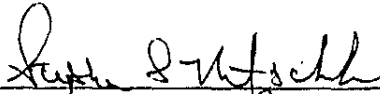
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Stephen G. Nitzschke

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)

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