

W16DDDD07373Z

(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:

W16-25441

Office Use Only



900283918619

04/01/16--01005--004 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 14 AM 10:12

APPROVED
AND
FILED

APR 14 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

KEVIN DRUMMOND
P.O. BOX 1456
LABELLE, FL 33975

SUBJECT: U.S. CONSULTING FIRM LLC.
Ref. Number: W16000025441

We have received your document for U.S. CONSULTING FIRM 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 416A00007044

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U.S. Consulting Firm, 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:

Kevin Drummond

Name of Person

U.S Consulting Firm, LLC.

Firm/Company

P.O. Box 1456

Address

LaBelle, FL 33975

City/State and Zip Code

uscfirm@gmail.com

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

For further information concerning this matter, please call:

Kevin Drummond

863

234-3480

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



Consulting Firm

Monday, April 11, 2016

To: Stacey, FL Dept. of State

CC:

From: Kevin Drummond, Director

RE: Dissolution of U.S. Consulting Firm Inc. / Creation of U.S. Consulting Firm LLC.

Please accept this letter as a confirmation that U.S. Consulting Firm Inc. is closed permanent and I have no intent of reopening the company at this time. I do not want to revoke the dissolution and release the name to be used.

I am currently trying to create an LLC. Please allow use of the name for this U.S. Consulting Firm LLC.

Document Number: W16000025441

Thank you,


Kevin Drummond

(863) 294-3480

RECEIVED

16 APR 14 PM 5:34

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

U.S. Consulting Firm 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:

P.O. Box 1456, LaBelle, FL 33975

Mailing Address:

P.O. Box 1456, LaBelle, FL 33975

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TALLAHASSEE, FLORIDA

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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:

Kevin Drummond

Name

661 S. Bridge Street

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

LaBelle

FL

33975

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Kevin Drummond

P.O Box 1456, LaBelle, FL 33975

(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.

Kevin Drummond

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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