## L16000 191081

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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W/640 684(5) OCT 18 2016 T. SCOTT

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2016

STEVEN TYLE VAUGHAN 2701 N OCEAN BLVD., #12E FT LAUDERDALE, FL 33308

SUBJECT: SLV CONSULTING, LLC

Ref. Number: W16000068483

We have received your document for SLV CONSULTING, LLC and your check(s) totaling \$155.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L16000049828-SLV CONSULTING, LLC,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 616A00021502

10-11-	16
COVER LETTER Recul	hulled to
TO: Registration Section Division of Corporations  SUBJECT:  COVER LETTER  Recult Cohan  Chan  C	attached letter
SUBJECT:  Sty Consulting, Ltc Land Name of Limited Liability Company	e 15 Steven - Lyle Vaugha eare Correct.
	Thek you-
The enclosed Articles of Organization and fee(s) are submitted for filing.	// you
Please return all correspondence concerning this matter to the following:	,
Steven tyle Voughan	
Name of Person change +	(o:
SLV Consulting, LLC Lyle	Vaughan Conculting
Firm/Company	
2701 N. Ocean Blue, # /2E	
T-1. tauderdale, FL 33308	
lyle. Vaughan e ghall. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Steven tyle Vaughonat 954 , 242-2955	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	0 Filing Fee, cate of Status & ed Copy hal copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	RECE 15 OCT 13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	10-11-16 Change to:	
Str Consulting, L	,	and the second s
(Must end with the words "Limited Liability Compar	ny, "L.L.C.," or "LLC.")	LLC
ARTICLE II - Address:		

The mailing address and street address of the principal office of the Limited Liability Company is:

270/ N. Ocean Blud #125	2701 N. Ocean Blvd #12E
Ff. fauderdale, Fz.33308	Ft. favolerdale, Fr. 33308

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 register	Hyle Vo	rughan
			Blw # BE
	Florida street addre	ess (P.O. Box NO	Tacceptable) FL 333 08
	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..

(CONTINUED)

red Agent's Signature (REQUIRED)

Page 1 of 2

(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lament's effective date on the Department of State's records.	Title:	Name and Address:
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