

L-1800026882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

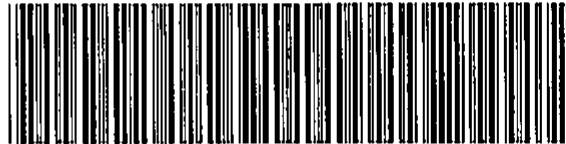
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DIVISION OF CORPORATIONS
18 NOV 16 AM 5:31
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NOLAN 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:

TONYA NOLAN

Name of Person

NOLAN CONSULTING LLC

Firm/Company

12170 NW 71ST STREET

Address

PARKLAND FL 33076

City/State and Zip Code

tonya.nolan@regrs.com

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

For further information concerning this matter, please call:

TONYA NOLAN at (404) 484-8960
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOLAN CONSULTING LLC

(Must contain 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:

Mailing Address:

12170 NW 71ST STREET
PARKLAND FL 33076

12170 NW 71ST STREET
PARKLAND FL 33076

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:

ANTHONY G COLEMAN JR

Name

2151 W HILLSBORO BLVD, STE 206

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

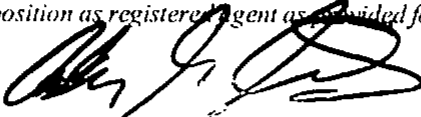
DEERFIELD BEACH FL 33442

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)

FILED
18 NOV 16 AM 5:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

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:

TONYA NOLAN

12170 NW 71ST STREET

PARKLAND FL 33076

(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:

Tonya Nolan

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.

Tonya Nolan

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 NOV 16 AM 5:21
TALLAHASSEE, FLORIDA

November 8, 2018

Florida Department of State
Divisions of Corporations, Clifton Bldg
2661 Executive Center Circle
Tallahassee FL 32301

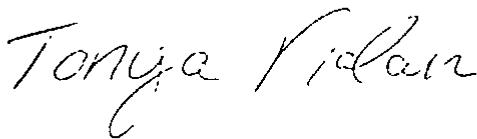
Re: NOLAN CONSULTING LLC
DOC # L17000171748

To whom it may concern:

Please find enclosed the Articles of Incorporation and check #1090 for processing regarding Nolan Consulting LLC. I, Tonya Nolan, Manager of Nolan Consulting LLC, have no plans to reinstate this company but would like the Articles of Organization processed on as soon as possible for 2018. I understand the effective date will reflect year 2018.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 404-484-8960.

Sincerely,



Tonya Nolan,
Manager
Nolan Consulting LLC

STATE OF FLORIDA
DIVISION OF CORPORATIONS
18 NOV 16 AM 5:31
TALLAHASSEE, FLORIDA