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	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Dusings Estimated	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates o	f Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



# **CT CORP**

# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

02/07/2022

D	ate:02	2/07/2022	a: DW
		Acc#I20160000072	4:()=
Name:	Avalanche Car	oital LLC	
Document #:			
Order #:	14139201		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:	<u> </u>	ountry of Destination:	
Filing: 🚺	Certified: ✓ Plain:  COGS: ✓		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier	Amount: \$	160.00	

Thank you!

### **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJE	Avalanche Capital LLC			
SUBJE		of Limited Liabil	ity Company	
The end	closed Articles of Organization and fee	(s) are submitted	I for filing.	
Please	return all correspondence concerning th	nis matter to the	following:	
	Timothy Bauman			
		Name of	Person	
	Bauman Law Group P.C.			
		Firm/Co	ompany	
	141 Parkway Road. Suite 9			
		Addı	ess	
	Bronxville, New York 10708			
	tbauman@baumanlawgroup.com	City/State ar	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificat	ion)
For furth	ner information concerning this matter,	please call:		
	Timothy Bauman	914 at (	337-1715 _)	
	Name of Person		Daytime Telephon	e Number
Enclose	ed is a check for the following amount:			
⊒\$125	5.00 Filing Fee	is Certifi	5.00 Filing Fee & led Copy all copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section D The Centre of Tallah	
	DIVISION OF COMPARIIONS		THE CERUE OF TAILAN	ANNUC

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Culligan, Neysa

From: Goff, Eric < Eric.Goff@wolterskluwer.com> Sent:

Tuesday, February 8, 2022 10:03 AM

To: Culligan, Neysa Cc: Lee, Emma

Subject: Avalanche Consulting LLC and Avalanche Capital LLC

#### EMAIL RECEIVED FROM EXTERNAL SOURCE.

Good morning Neysa,

"一个"

Avalanche Consulting LLC and Avalanche Capital LLC are the entities that had filed the name reservations on January 6th 2022.

Thank you, Eric

Tina & Eric Goff CT Corporation CLS-Reps-Florida@wolterskluwer.com



3458 Lakeshore Drive Tallahassee, FL 32312 www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SECRETARY OF STATE	,'' uc
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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 FEB -7 AM 10: 15 i

Avalanche Capital LEC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

#### ARTICLE II - Address:

City

Principal Office Address:	Mailing Address:
5555 College Road	5555 College Road
Suite 205	Suite 205
Key West, Florida 33040	Key West, Florida 33040
he Limited Liability Company cannot serve as its own Regi	egistered Agent's Signature: stered Agent, You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)	stered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ager	stered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered ager  C.T. Corporation System	stered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered ager  C.T. Corporation System	stered Agent. You must designate an individual on are:

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.,

State

	.,		•	-	•	
C T Corporation	on System - Kv.	-der	<u>-</u> Cu	بر	Madonna Assistant	•
Res	istered Agent	s Sign	ature (RE)	อ์บาโ	RED)	-

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized "MGR" = Manager	ember
AMBR	Jonathan H. Schumacher
	22114 Redbeam Avenue Torrance, CA 90503
	FEB 25
	AM 10; 1.5
<del></del>	
	<u> </u>
	ock does not meet the applicable statutory filing requirements, this date will not be listed to Department of State's records.  any.
REQUIRED SIGNATU	
	Jonathan et Schumacher
Si	9E009+0C020+40E:::-
This doe I am aw	mature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.
This doe I am aw constitu	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.
This doe I am aw constitu	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)