

L22000046527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

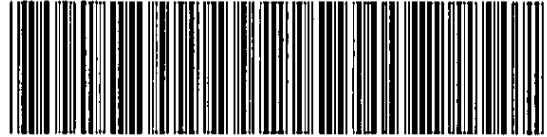
(Business Entry Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/07/2022

Acc#120160000072

en: c SW

Name:	Avalanche Consulting LLC
Document #:	
Order #:	14139201

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 160.00

Thank you!

COVER LETTER

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

SUBJECT: Avalanche 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:

Timothy Bauman

Name of Person

Bauman Law Group P.C.

Firm/Company

141 Parkway Road, Suite 9

Address

Bronxville, New York 10708

City/State and Zip Code

tbauman@baumanlawgroup.com

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

For further information concerning this matter, please call:

Timothy Bauman 914 337-1715

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
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,

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



Wolters Kluwer

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB -7 AM 10:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avalanche 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:

5555 College Road

Suite 205

Key West, Florida 33040

5555 College Road

Suite 205

Key West, Florida 33040

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

City

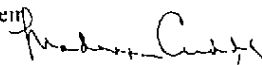
State

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.

C T Corporation System

By:



Madonna Cuddihy,

Assistant Secretary

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

Name and Address:

AMBR

Jonathan H. Schumacher
22114 Redbeam Avenue
Torrance, CA 90503

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DEPARTMENT OF REVENUE

(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:

DocuSigned by:

Jonathan H Schumacher

054801CC026145E

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.

Jonathan H. Schumacher

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)