M1500000 W158

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
•	•	•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



900275486699

08/03/15--01017--026 **250.00

15 AUG 13 PM 3: 20

RECEIVED

FILLED 15 AUG 13 PH 2: 54 SLUFLING OF NIGHT

J. HARRIS

COVER LETTER

	onfluent Services,						
Name of Limited Liability Company							
					ansact Business in Florida," Certific y company to transact business in Fl		
ease return al	l correspondence o	concerning this matter to the	following:				
	Leslie Rinehar	t					
		N	ame of Person				
	Greyrock Acco	ounting					
		F	irm/Company		and the second of the second o		
	135 S. Main St	reet, Suite 701					
		· · · · · · · · · · · · · · · · · · ·	Address		· ····		
	Greenville, SC	29601					
		City/S	tate and Zip Code				
	lrinehart@greyro	ock-accounting.com					
	······································	E-mail address: (to be use	d for future annual	report not	tification)		
r further info	rmation concernin	g this matter, please call:					
Leslie	Rinehart		864 at (517-36	669		
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number		
Divisi Regist P.O. E	on of Corporations ration Section 30x 6327 assee, FL 32314	S		Division Registrat Clifton B 2661 Exe	of Corporations tion Section Building ecutive Center Circle see, FL 32301		
	neck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2015

LESLIE RINEHART GREYROCK ACCOUNTING 135 S MAIN STREET, SUITE 701 GREENVILLE, SC 29601

SUBJECT: CONFLUENT SERVICES LLC.

Ref. Number: W15000052830

15 AUG 13 PH 2: 54

SEE AND TAKE OF STATE

TAIL LEASSEE FLOWDA

We have received your document for CONFLUENT SERVICES LLC. and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00016509

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Confluent Services, LI	C		
		lude "Limited Liability Company," "L.L.C.," or	"LLC.")
iability Company," "L.L.C.		ransacting business in Florida. The alternate nam	e must include "Limited
South Carolina	3	3. 47-1722971	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
May 1, 2015			
•	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to registration.) F.S. to determine penalty liability)	•
822 A1A N Suite 310		, r.s. to determine penalty machine,	
, p			-
Ponte Vedra, FL 3208	2 (Street Address of Princi	pal Office)	<u>-</u>
822 A1A N Suite 310	(Succi Address of Princi	раі Опісе)	≥ % 5
•			- F.S. Z
Ponte Vedra, FL 3208			613 1888
	(Mailing Addre	:SS)	L_1
Name and street addre	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	Evan Chaki		55 P
	822 A1A N Suite 310		2 2
Office Address:		22082	2.2
	Ponte Vedra	, Florida 32082	-
legistered agent's accep	(City)	(Zip code)	
is application, I hereby ith the provisions of all	accept the appointment as registered	of process for the above stated corporation agent and agree to act in this capacity. I f mplete performance of my duties, and I am	urther agree to comply
	(Registered a	agent's signature)	
	acity and address of the person(s) who	has/have authority to manage is/are:	
	acity and address of the person(s) who	has/have authority to manage is/are:	
	acity and address of the person(s) who	has/have authority to manage is/are:	
	acity and address of the person(s) who	has/have authority to manage is/are:	
Evan 822 Pont	acity and address of the person(s) who Charli, Managing Para AIR N Suite 310 e Vedva, M 32082 of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are: the d, duly authenticated by the official having of cate is in a foreign language, a translation of	
Evan 822 Pont . Attached is a certificate prisdiction under the law	acity and address of the person(s) who Charli, Managing Para AIR N Suite 310 e Vedva, M 32082 of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are: Answer d, duly authenticated by the official having of	

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CONFLUENT SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 4th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 15th day of July, 2015.

Mark Hammond, Secretary of State