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COVER LETTER

Divis	ion of Corporation	ns *				
~	Confluent Consultin	•				
Sebeber		Name of I	Limited Liability (Company		
					ensact Business in Florida," C company to transact busine	
Please return a	all correspondence o	oncerning this matter to the	following:			
	Leslie Rinehart					
		Na	ame of Person			
	Greyrock Acco	unting				
	Firm/Company					
	135 S. Main St	reet, Suite 701				
			Address	···		
	Greenville, SC	29601				
		City/St	ate and Zip Code			
	lrinehart@greyro	ck-accounting.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further inf	ormation concerning	g this matter, please call:				
Lesli	e Rinehart		864 at (517-36	69	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS; of Corporations ion Section uilding ocutive Center Circle ee, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy	



August 5, 2015

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

SUBJECT: CONFLUENT CONSULTING, LLC.

Ref. Number: W15000052832

We have received your document for CONFLUENT CONSULTING, 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: 515A00016509

15 AUG 13 PH 2: 58

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

(Name of Fore	LLC			
(Name of Fore	ign Limited Liability Company; must	t include "Limited Liah	oility Company," "L.L.C.," o	or "LLC.")
If name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of transacting business	s in Florida. The alternate na	me must include "Limited
South Carolina		3 47-1721804		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicabl	e)
May 1, 2015	(Date first transacted business	ss in Florida, if prior to	registration.)	
	(See sections 605.0904 & 605.0)905, F.S. to determine	penalty liability)	
822 A1A N Suite 310		R		<u> </u>
Ponte Vedra, FL 32082	1			
	(Street Address of Pr	rincipal Office)		
822 A1A N Suite 310				_
Ponte Vedra, FL 32082				1.00 (c) 1.00 (c)
	(Mailing A	(ddress)		-46 5
. Name and street addres	s of Florida registered agent: (P.C	O. Box NOT accepta	able)	AUG T
Name:	Evan Chaki		-	13 P
Office Address:	822 A1A N Suite 310		_	
	Ponte Vedra		, Florida 32082	2: 58
Registered agent's accept	(City)		(Zip code)	>
	accept the appointment as registe statutes relative to the proper and tion or projectored agent			
viin the provisions of all s he obligations of my posi		ered agent's signature)		
he obligations of my posi			ity to manage is/are:	
the obligations of my positions. The name, title or capa	(Register	who has/have authori	ity to manage is/are:	
B. The name, title or capa Evan Cu 822 A11	(Register city and address of the person(s) whigh the person Park A N Switch 310	who has/have authori		
B. The name, title or capa Evan Cu 8 22 A11	(Register city and address of the person(s) whigh the person Park A N Switch 310	who has/have authori		
B. The name, title or capa EVAN CM B22 A11 Ponte Ve	(Register city and address of the person(s) was a N Sult 310 Way 71 32082 of existence, no more than 90 day of which it is organized. (If the cer	who has/have authori	ated by the official having	g custody of records in th

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 CONSULTING, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 2nd, 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