M18000004710

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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DEPRISON OF CEREBRATIONS

M. MILLIGAN MAY 1 6 2018



April 19, 2018

BRYAN J. MONVILLE CATUR CONSULTING, LLC 5090 BARRINGTON CIR SARASOTA, FL 34234

SUBJECT: CATUR CONSULTING, LLC

Ref. Number: W18000037360

We have received your document for CATUR CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 118A00007994

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S									
SUBJECT:	Catur Consulting, L	LC									
oobozet.	Name of Limited Liability Company										
		eign Limited Liability Comp d to register the above refere									
Please return	all correspondence c	oncerning this matter to the	following:								
	Bryan J. Monvi	lle									
	Name of Person										
	Catur Consultin	g, LLC									
	5090 Barrington Cir.										
, Address											
	Sarasota, FL 34	234				ne Number Circle Filing Fee, Certificate					
	-	City/S	tate and Zip Code								
	caturconsulting@	gmail.com									
		E-mail address: (to be used	I for future annual r	eport not	ification)						
For further is	nformation concerning	g this matter, please call:									
Br	yan J. Monville		941 at (518-330	03						
	Name o	f Contact Person	Area Code	Day	time Telephone Number						
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division (Registrati Clifton B 2661 Exe	of Corporations on Section wilding cutive Center Circle ee, FL 32301						
	a check for the follow \$125.00 Filing Fee	ing amount: \$\B\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Certified Copy	; Fee &	☐ \$160.00 Filing Fee, Cerof Status & Certified Copy						

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Catur Consulting, LLC (Name of Foreign	Limited Liability Company; must i	include "Limited Liability (Company," "L.L.C.," or "L	LC.")		
Catur, LLC						
If name unavailable, enter alternate n	name adopted for the purpose of transaction	-		ted Liability Company," "L.L.C," or "LLC.")		
Delaware			32-4626318			
(Jurisdiction under the law of w	hich foreign limited liability company is o	organized)	(FE	I number, if applicable)		
APR 1, 2018						
	(Date first transacted business in F (See sections 605 0904 & 605 090	Florida, if prior to registration) 05, F.S. to determine penalty ha	bility)	۔۔۔	5	
5090 Barrington Cir.		6 5	090 Barrington Cir.	C9	12.	
(Street Address of I	Principal Office)	_	(Mailin	ng Address)	7:	
Sarasota, FL 34234		. <u>S</u>	arasota, FL 34234		اپ سے	
				ig Address)	Ì	
				<u> </u>		
 Name and <u>street addres</u> 	ss of Florida registered agent	t: (P.O. Box <u>NOT</u> ac	ceptable)		DISTRICT OF CLASS OF	
Name:	Daniel R. Holbrook			,	<u>ب</u> د	
	5629 C-1 O-1 D1d					
Office Address:	5638 Colonial Oaks Blvd.					
	Sarasota		Florida 34232	, Florida 34232 (Zip code)		
Registered agent's accep		(City)	(7.	lip code)		
	Danie		rook			
	(R	(cgistered agent's signature)				
-	acity and address of the person			are:		
Title or Capacity:	Name and Addr	ess: <u>Title</u>	or Capacity:	Name and Address:		
Managing Director	Bryan J. Monville					
<u></u>	5090 Barrington (Sarasota, FL 3423					
	<u> </u>					
				 _		
		·				
(Use attachments if neces	sary)					
	of which it is organized. (If)			al having custody of records in the instantion of the certificate under o		
O This de ausse is a	and in agendance white of	ion 403 0202 (1) /b) 5	Claulda Caraca - T	numer that age Calacia C		
submitted in a document to	o the Department of State cor	nstitutes a third degree	felony as provided fo	aware that any false information or in s.817.155. F.S.		
	- cagain	Monwille Signature of an authoriz	ed person			
	U	triprocessor or an authoriz	p			
	_					

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CATUR CONSULTING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATUR"

CONSULTING, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202575937

Date: 04-25-18