M20000000300

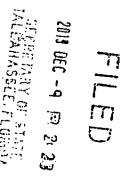
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(en), esseration
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100337519411

12/09/19--01026--029 **125.00



MY 0 6 CCC T

THE LAW OFFICES OF JOHN M. VANDENHOFF, PLLC

John M. Vandenhoff Attorney (804) 869-5756 john@vandenhofflaw.com 4914 Fitzhugh Avenue Suite 105 PO Box 6202 Richmond, VA 23230

December 6, 2019

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Vaughn Consulting Group LLC

Dear Sir:

I enclose Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for filing in the above-referenced matter. Also, I enclose the required filing fee of \$125.00.

Thank you for your assistance in this matter and please do not hesitate to contact me with any questions you may have.

Very truly yours,

John M. Vandenhoft

JMV

Enclosures

COVER LETTER

TO:		ation Section 1 of Corporations			·			
CHRIC	Va	ughn Consulting G	тоир					
20031			Name of Limi	ted Liability	Company			
					ation to Transact Business in Florida," Ce ted liability company to transact business			
Please i	return all	correspondence cor	cerning this matter to the follo	owing:				
		John Vandenhoff						
			Name	of Person				
		The Law Offices	of John M. Vandenhoff, PLLC					
			Firm/0	Company				
		4914 Fitzhugh Avenue, Suite 105						
			Ac	ldress				
		Richmond, VA 23	3230					
		•	City/State	and Zip Code	<u> </u>			
		john@vandenhoffla	aw.com					
	•	Į.	E-mail address: (to be used for	future annua	report notification)			
For furt	her infor	nation concerning t	his matter, please call:					
	Shanno	n Nicole Vaughn	at	804	380.0687			
		Name of 0	Contact Person	Area Code	_) Daytime Telephone Number			
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	Please r	d is a check for the nake check payable 5.00 Filing Fee	following amount: to: FLORIDA DEPARTME S130.00 Filing Fee & Certificate of Status	S155.00	TE Filing Fee & S160.00 Filing Fee of Status & Certific			

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

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

name unavailable, enter alternate na	ane adopted for the purpose of transacting business in Flo	rida. The alte	rmate name must include "Limited Urability Company," "L.L.C," or "LLC
Virginia			32-0614941
(Jurisdiction under the law of wh	uch fixeign limited liability company is organized)	٠,٠.	(FEI mumber, if applicable)
_n/u	Date first transacted business in Florida, it provide	registralism)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	une penalty h	ability)
12201 NW 2nd Place		6.	12201 NW 2nd Place
(Street Address of F	rincipal Office)	0	(Mailing Address)
Coral Spring, FL 3307	1	(Coral Springs. FL 33071
		-	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)
Name and street address Name:	Shannon Nicole Vaughn	x <u>NOT</u> a	201 3 ALIQ
		x <u>NOT</u> a	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Shannon Nicole Vaughn Manager Name: ______ ■ Manager 12201 NW 2nd Place Member Address: _____ Member Address: Coral Springs, FL 33071 Authorized Authorized Person Person Other____ Other ___ Other_ Other Name: _____ Manager | Manager Member Address: Address: Member Authorized Authorized Person Person ___Other_____ Other_____ Other Other Name: _____ Manager | Name: _____ Manager Address: Member | Member Address: Authorized Authorized Person Person Other_____ Other__ Other____ Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Shannon Nicole Vaughn

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Vaughn Consulting Group LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 14, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 15, 2019

Joel If. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1911155208