

L 09 0000 07515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

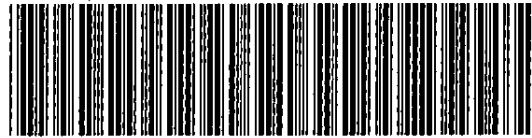
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100141576701

01/26/09--01002--018 **160.00

RECEIVED
09 JAN 23 PM 3:52
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JAN 23 AM 8:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. KOHR

JAN 26 2009

EXAMINER

Penson & Davis
 Requester's Name
 2810 Remington Green Ct.
 Address
 Tallahassee, FL 32308
 City/State/Zip Phone #

Office Use Only

FILED
 09 JAN 23 AM 8:25
 TALLAHASSEE FLORIDA STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF ORGANIZATION
TECHNOLOGY SOLUTIONS UNLIMITED, LLC
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

FILED
09 JUN 23 AM 8:25
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

TECHNOLOGY SOLUTIONS UNLIMITED, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

107 E. Tharpe Street
Tallahassee, Florida 32303

4. **Mailing Address.** The mailing address of the limited liability company is:

P.O. Box 12906
Tallahassee, Florida 32317

5. **Members at Time of Formation.** The name of each member at the time of formation:

COMMUNICATION SOLUTIONS UNLIMITED, INC.
107 E. Tharpe Street
Tallahassee, Florida 32303

Christopher J. Eggert
400 Capital Circle SE, Suite 18-322
Tallahassee, Florida 32301

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the member(s) who may appoint a manager.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

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 provisional 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 608, F.S.



Albert C. Penson

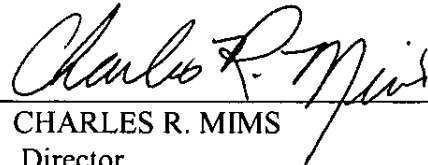
9. **Effective Date.** The effective date of the limited liability company shall be:

January __, 2009

**COMMUNICATION SOLUTIONS
UNLIMITED, INC.**

Member

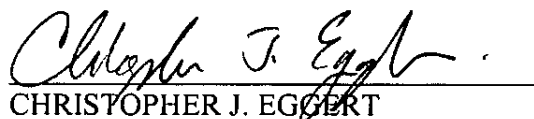
By:



CHARLES R. MIMS

Its:

Director



CHRISTOPHER J. EGGERT

Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)