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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 22 2010

EXAMINER

S. HAWKES

~~FEB 9 2010~~

EXAMINER

*(Handwritten signature and scribbles)*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2010

BYRON OLIVER  
724 STRAW LAKE DR  
BRANDON, FL 33510

SUBJECT: EMPIRE PROPERTY SOLUTIONS, LLC  
Ref. Number: W10000006556

We have received your document for EMPIRE PROPERTY SOLUTIONS, 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 registered agent must sign accepting the designation.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 510A00003350

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Empire Property Solutions, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Byron Oliver**

Name of Person

Firm/Company

**724 Straw Lake Dr.**

Address

**Brandon, FL 33510**

City/State and Zip Code

**Byron.Oliver@live.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Byron Oliver**

Name of Person

at ( **813** ) **785-0314**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



375 N. Stephanie St. - Suite 1411  
Henderson, NV 89014-8909

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

2/3/2010

Florida Department of State  
Clifton Building- 2661 Executive Center circle  
Tallahassee, FL 32301

To Whom It May Concern:

Incorp Services, Inc., an authorized Corporate Registered Agent in Florida whose office is located at 17888 67<sup>TH</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **Empire Property Solutions, LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8 to 5 PST.

Sincerely,

A handwritten signature in cursive script that reads "Tennie Sedlacek".

Tennie Sedlacek, C.O.O. on behalf of Incorp Services, Inc.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Empire Property Solutions, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

724 Straw Lake Dr  
Brandon, FL 33510

724 Straw Lake Dr  
Brandon, FL 33510

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

InCorp Services, Inc.

Name

17888 67th Court North

Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee FL 33470

City, State, and Zip

*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 provisions 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..*

  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Byron Oliver

724 Straw Lake Dr.

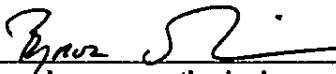
Brandon, FL 33510

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

Byron Oliver

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)