

**LO3000041288**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

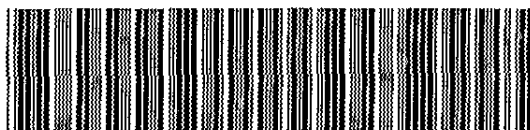
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789,707,614, 671

Office Use Only

W03-29756



300023558133

10/08/03--01042--014 \*\*155.00

**FILED**  
03 OCT 28 AM 8:26  
TALLAHASSEE, FLORIDA

## Xpert Document Solutions, LLC

October 2, 2003

Registration Section  
Division of Corporations  
409 E Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

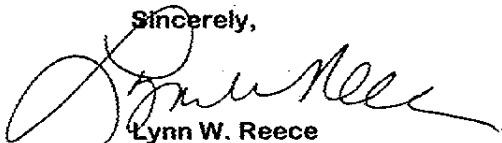
The attached Articles of Organization have been submitted electronically. The document tracking number is 000023592220. There was no option for electronic check payment. Therefore, please find the enclosed check in the amount of \$155 for the filing cost.

Please email or fax confirmation to the following:

Email - [lynnrxr@bellsouth.net](mailto:lynnrxr@bellsouth.net)  
Fax - 850-934-6693

For further information concerning this matter, please feel free to contact me at 850-436-8799.

Sincerely,



Lynn W. Reece

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 OCT 28 AM 8:26

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 15, 2003

LYNN W. REECE  
PO BOX 117  
GULF BREEZE, FL 32562

SUBJECT: XPERT DOCUMENT SOLUTIONS, LLC  
Ref. Number: W03000029756

03 OCT 28 AM 8:26  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for XPERT DOCUMENT SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 903A00056148

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Xpert Document Solutions, LLC.

**ARTICLE II - Address:**

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

Principal Office Address:

Xpert Document Solutions, LLC  
1056 Ft. Pickens Rd.  
Pensacola, FL 32561

Mailing Address:

Xpert Document Solutions  
P.O. Box 117  
Gulf Breeze, FL 32562

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

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

Lynn W. Reece  
Name

1056 Ft. Pickens Rd.  
Florida street address (P.O. Box NOT acceptable)

Pensacola FLORIDA 32561  
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, Florida Statutes..*

Lynn W. Reece  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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:**

MGR

Lynn W. Reece  
1056 Ft. Pickens Rd.  
Pensacola, FL 32561

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Lynn W. Reece  
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.)

Lynn W. Reece  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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