# CAPITAL CONNECTION, INC. COOP970

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Best Office Son	lutions, LCC	500033605259 -08/17/0001040017 ****155.00 ****155.00
00789-02870-	-00623-00671	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File Cc -   Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search  Fictitious Owner Search
Signature  Requested by:  Name	8/17 9:48 Date Time	Vehicle Search School
Walk-In	Will Pick Up	UCC 11 Retrieval  Courier



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 17, 2000

CAPITAL CONNECTION, INC.

SUBJECT: BEST OFFICE SOLUTIONS, LLC

Ref. Number: W0000020313

We have received your document for BEST OFFICE 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):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 800A00044349

Corrected

ARTICLES OF ORGANIZATION

<u>OF</u>\_\_

#### BEST OFFICE SOLUTIONS, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

Article l. Name. The name of this Company shall be: BEST OFFICE SOLUTIONS, LLC.

Article 2. Duration. The LC shall commence immediately, upon the filing of its Articles of Organization with the Secretary of State, and shall have perpetual existence until it is dissolved and its affairs wound up in accordance with these Regulations and Florida Statutes §608 in its present form or as amended from time to time ("the Act"). The Company shall not be dissolved by the death, resignation, withdrawal, bankruptcy, or dissolution of a Member.

Article 3. Purposes. The purposes for which this Company is being formed are to engage in any activities or business permitted for this Company under the laws of the State of Florida.

Article 4. Address. The mailing address and street address of the Principal Office for this Company is as follows:

4424 Seaboard Road Orlando, Florida 32808

Article 5. Address for Registered Agent. The mailing address and street address for the Registered Agent is as follows:

Richard Masi 10711 Emerald Chase Drive Orlando, Florida 32836

Article 6. Contributions to Capital. The capital contributions of the members have an agreed value of \$3,000. Additional contributions or distributions of capital shall be by majority ownership of the Company in the manner set forth in the operating Agreement of the Company.

Article 7. Admission of Additional Members: and Terms and Conditions of such Admissions. Additional Members may be admitted upon the approval of a majority ownership of the Company, upon the written application of such new Member, in the manner set forth in the Regulations of this Company.

Article 8. Management of Company. The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

a. Richard Masi, 4424 Seaboard Road, Orlando, Florida 32808

Article 9. Amendment of Regulations. The power to adopt, alter, amend or repeal the Regulations of this Company shall be vested in the Members of the Company.

Article 10. Organizer. The names and addresses of the Organizers executing these Articles of Organization are as follows:

Richard Masi, 4424 Seaboard Road, Orlando, Florida 32808

Article 11. Members Right to Continue Business. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in this Company.

Article 12. Limitation on Agency Authority of Members. Pursuant to Section 608.424 of the Florida limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand and seal to these Articles of Organization this 16<sup>th</sup> day of August, 2000.

MANAGER

STATE OF FLORIDA **COUNTY OF Orange** 

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of August, 2000 by Richard Masi, he is personally known to me or has produced as identification, and he did (did not) take an oath.

NOTARY PUBLIC

My Commission expires:



### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### BEST OFFICE SOLUTIONS, LLC

2. The name and address of the registered agent and office is:

Richard Masi

Office: 4424 Seaboard Road, Orlando, FL 32808

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.

(Signature)

(Date)

Filing Fee: \$35 for Designation of Registered Agent

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