	Requester's Name 5922 Cattlemen Address Sara Sota, Fl. 342 City/State/Zip Phone #	2000 Lane 132	02845
			Office Use Only
	CORPORATION NAME(S) & DOCUM	ÆNT NUMBER(S), (i	₹
	1. (Corporation Name)	(Document #)	LED WW 10:
	2. (Corporation Name)	(Document #)	SOLUTION 2
	3. (Corporation Name)	(Document #)	1000043510415 -01/31/0201068004 ****155.00 ****155.00
=	4. (Corporation Name)	(Document #)	Texas - No. 10
	☐ 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 OTHER FILINGS Annual Report Fictitious Name	☐ Change of Regi☐ Dissolution/Wi☐ Merger	OUALIFICATION OUALIFICATION
		- Onlei	
	CP2E031/7/07\		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDERSON HEIDEL BACK-OFFICE BUSINESS SOLUTIONS LLC

ARTICLE II - Address:

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

2380 AppAloGSA CIRCLE SALASOTA, FL 34240

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

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

LYNN M. ANDERSON
Name

2380 Appalou 5A CIRCLE
Florida street address (P.O. Box NOT acceptable)

SAKA SOTA FL 34240
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.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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 M. ANDEKSON

Typed or printed name of signee

\$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)