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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

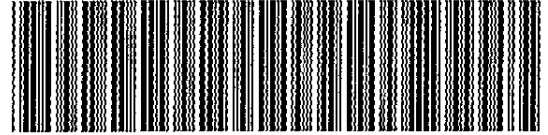
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FILED  
03 JAN 17 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 13, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Cover Letter Attached to Articles of  
Organization for Single Fist Solutions, LLC

FILED  
03 JAN 17 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sirs:

The contact name, mailing address and street address of the manager for  
Single Fist Solutions is:

Timothy G. Heller  
25350 US Highway 19 North Apt. 168  
Clearwater, Florida 33765

My daytime phone number is (727) 385-5844.

Attached to this cover letter are:

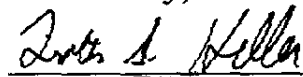
- 1) the Articles of Organization for Single Fist Solutions, LLC
- 2) a check for \$155.00, which represents the following filing fees:

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy

If there are any questions or issues, please call our registered agent, Mr.  
Ron W. Zeigler at (800) 326-2489 or contact him at his address as per  
the Articles of Organization.

Yours truly,

  
\_\_\_\_\_  
Timothy G. Heller

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Single Fist Solutions, LLC

**ARTICLE II - Address:**

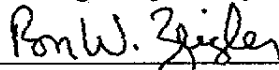
The mailing address and street address of the principal office of the Limited Liability Company is: 25350 US Highway 19 North Apt. 168 Clearwater, Florida 33763

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

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

Ron W. Zeigler, Esq.  
1266 First Street Suite 5  
Sarasota, Florida 34236:

*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

**Article IV - Management (Check box if applicable.)**

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



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.)

Timothy G. Heller  
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)

SECRETARY  
TALLAHASSEE, FLORIDA  
03 JAN 17 AM 9:26  
**FILED**