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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

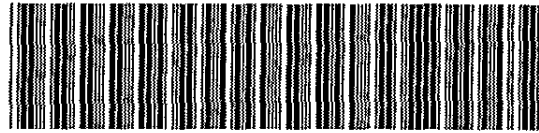
☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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SECRET
DIVISION OF CORPORATIONS
03 MAY 20 AM 9:03

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Michael A. Giacalone
19110 Centre Rose Blvd.
Lutz, Florida 33558

May 18, 2003

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

Attached please find the Articles of Organization and a check for \$160.00 that covers the associated: —

- Filing Fee for Articles of Organization ✓
- Designation of Registered Agent ✓
- Certified Copy ✓
- Certificate of Status ✓

for the establishment of a Limited Liability Company known as Solution Dynamics, LLC. ✓

My name is Michael Giacalone and I reside at 19110 Centre Rose Blvd. Lutz, Florida 33558. My daytime phone number is 407-829-7148.

Sincerely,



Michael A. Giacalone

✓

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solution Dynamics, LLC

ARTICLE II - Address:

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

19110 Centre Rose Blvd. Lutz, Florida 33558

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

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

Michael A. Giacalone
Name

19110 Centre Rose Blvd.
Florida street address (P.O. Box NOT acceptable)

Lutz, Florida FL 33558
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.

Michael A. Giacalone
Registered Agent's Signature

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

Michael A. Giacalone
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.)

Michael A. Giacalone
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)

03 MAY 20 AM 9:03
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS