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## TRANSM ITTALLETTER

Division of Corporations	-
SUBJECT: SEE SOL U	TIONS L.L.C.
The enclosed A rticles of O rganization and fee (s) are sur Please return all correspondence concerning this matter	
ROBERT A. BARN	TES
SEE SOLUTIONS	L.L.C.
2277 REPUBLIC	
DUNEDIN, FL. 3469 (City/State and 2 ip Code)	98
For further information concerning this matter, please 6	·

STREET ADDRESS:
Registration Section
Division of Corporations
409 E.Gaines Street
Tallahassee, Florida 32399

TO: Registration Section

MAILING ADDRESS:
Registration Section
Division of Corporations
PO.Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDALIM ITED LIABILITY COM PANY

ANIEDBOIONGMEMIENIONIONIEMEM EDELEMENICOMIANI
ARTICLE I-Name: The name of the Lim ited Liability Company is: SEE SOLUTIONS L.LC.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
PrincipalO ffice Address: — Mailing Address:
DUNEDIN FC 34698  DUNEDIN FC 34698  DUNEDIN FC 34698
ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:
The nam e and the Florida street address of the registered agentare:
RIBERT A. BARNES
2277 REPUBLIC DR.  Florida street address (P.O. Box NOT acceptable)
DUNED IN FL, 34698 FS = T
Having been named as registered agent and to accept service of process for the above stated in the liability company at the place designated in this certificate, I hereby accept the appointment 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

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member				
"MGR"	ROBERT A. BARNES 2277 REPUBLIC Dr. DUNEDIN, FL 34698			
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(Use attachment if necessary)	03 J			
NOTE: An additional article must be a	dded if an effective date is requested.			
REQUIRED SIGNATURE:	± ± ± ± ±			
Robert	A. Barne BAR 8			
Signature of a member or	an authorized representative of a member.			
(In accordance with section of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)			
ROBERT A. BARNES				
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)