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## TRANSMITTAL LETTER

TO: Registration Section

Tallahassee, Florida 32399

Division of Corporations				
SUBJECT: STEELHEAD SOLUTIONS (Name of Limited Liability Company)				
(Table of Dalicon Date of Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARY DEBURAH IMPARATO (Name of Person)				
(Firm/Company)				
675 PENFIELD ST.				
LONGBOAT KCY, FL 34228 (City/State and Zip Code)				
For further information concerning this matter, please call:				
MARY DEBORAH Imparate (941) 387-9967 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327				

Tallahassee, Florida 32314



July 11, 2003

MARY DEBORAH IMPARATO 675 PENFIELD ST LONGBOAT KEY, FL 34228

SUBJECT: STEELHEAD SOLUTIONS

Ref. Number: W03000019702

We have received your document for STEELHEAD SOLUTIONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Letter Number: 503A00041122

Diane Cushing Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: STEECHEAU SULUTIONS, L.L.C.

Principal Office Address:	Mailing Address:
375 PENFIELD ST.	- 675 RENTICODST
CONSEDAT KEYIFE	LONG ROUT KEY IT
	intered Office & Designatured Agent's Stematower
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	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	_
The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of ROBER 7	of the registered agent are:
The name and the Florida street address of ROBER 7	of the registered agent are:
The name and the Florida street address of ROBER 7	of the registered agent are:  L. WENTEL  Name  OITVILLE Rd. STEIBS  ess (P.O. Box NOT acceptable)

(CONTINUED)

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..

Robert L. Wenzel

	Ianaging Me≆ıber(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MARY DEBORAH IMPARATO	LONDBOATKEYUEC
·	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

DeBorah DEBORAH IMPARATO
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)