

L03000042340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

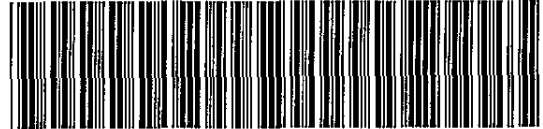
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/03/03--01022--014 \*\*155.00

RECEIVED  
03 NOV -3 AM 10:16  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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03 NOV -3 PM 1:52  
TALLAHASSEE, FLORIDA

BK

155-

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP**

11-3-03 Kelly

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TALLAHASSEE, FLORIDA

☒ **CERTIFIED COPY**

**CUS**

**PHOTO COPY**

☒ **FILING**

LLC

1.) Equilliance LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

**ARTICLES OF ORGANIZATION  
OF  
EQUILLIANCE, LLC,  
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
Name**

The name of the Limited Liability Company is Equilliance, LLC.

**ARTICLE II  
Company Address**

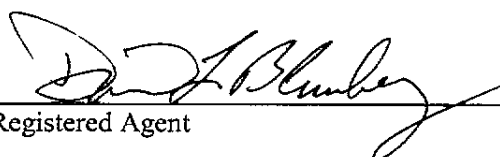
The mailing address and street address of the principal office of the Limited Liability Company is 301 West S.R. 434, Suite 319, Winter Springs, Florida 32708.

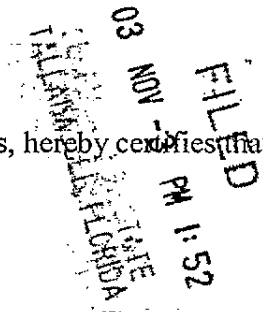
**ARTICLE III  
Registered Agent, Registered Office and Signature of Registered Agent**

The name and the Florida street address of the registered agent of the Limited Liability Company is:

David Blumberg  
301 West S.R. 434, Suite 319  
Winter Springs, Florida 32708

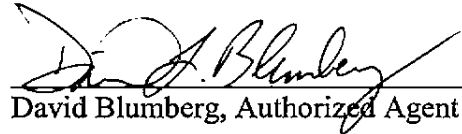
Having been named as registered agent and to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
Registered Agent



**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_ day of October, 2003, which shall be effective upon filing with the Florida Secretary of State.

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

  
\_\_\_\_\_  
David Blumberg, Authorized Agent