

L040000012280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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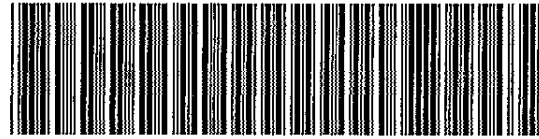
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# COMPLETE BUSINESS SOLUTIONS

A FINANCIAL CONSULTANT & TAX PREPARATION GROUP

1805 CANOVA STREET SUITE 2

PALM BAY, FLORIDA 32909

321-956-8298 FAX 321-956-8801

04 FEB 13 AM 9:41  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 February 2004

DORIS BROWN  
DIVISION OF CORPORATION  
409 E GAINES STREET  
TALLAHASSEE, FL 32301

RE: CORPORATIONS

ENCLOSED YOU WILL FIND FOUR (4) CORPORATIONS AND ONE (1) LLC  
ALONG WITH THREE (3) CHECKS WHICH TOTAL FOUR HUNDRED AND  
SEVENTY FIVE AND 00/100 (\$475.00). WE NEED A RUSH ON THESE IF YOU  
DON'T MIND. JOHN WILL BE IN TALLAHASSEE ON FRIDAY AND WOULD  
LIKE TO PICK THEM UP. THANK YOU SO MUCH FOR EVERYTHING!!!!

SINCERELY,

*Tanikia Williams*

TANIKIA WILLIAMS  
COMPLETE BUSINESS SOLUTIONS INC.

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

FILED  
04 FEB 13 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PLATINUM PASSPORT, LIMITED LIABILITY COMPANY

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

P.O. BOX 690849

P.O. BOX 690849

ORLANDO, FL 32869

ORLANDO, FL 32869

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

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

COMPLETE BUSINESS SOLUTIONS INC  
Name

1805 CANOVA ST #2

Florida street address (P.O. Box **NOT** acceptable)

PALM BAY

FLORIDA 32909

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, Florida Statutes..*

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

KEREE BRANNEN  
PO BOX 690849  
ORLANDO, FL 32869

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

KEREE BRANNEN  
\_\_\_\_\_  
Typed or printed name of signer

**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)