

L04000019049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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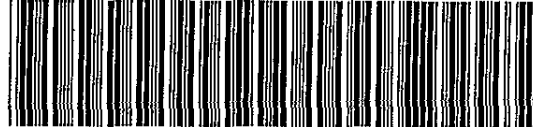
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-19049
OK

Ellis Robins
Certified Public Accountant
230 Business Park Way
Royal Palm Beach, FL 33411-1706
Phone (561) 791-7838 Fax (561) 791-0167

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed are two copies of Articles of Organization for a Limited Liability Company to be called ON-TIME SOLUTIONS, LLC, along with my check for \$155 to cover the filing fee, designation of registered agent and certified copy.

I will appreciate your assistance in the expeditious filing of these articles.

Sincerely,



Ellis Robins, CPA

February 26, 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 provided for in Chapter 608, F.S.


Registered Agent's signature

(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 Duncan
Signee

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TALLAHASSEE, FLORIDA