# L04000019049

(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200m/200 20m/, 100m/2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



600029453626

03/01/04--01033--017 \*\*155.00

CECCE LATE STORIDA

11KR -1 PH 2: 1

LO4-19049

### Ellis Robins

Cortified 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

SECRETANT OF STATE

#### ARTICLES OF ORGANIZATION

#### FOR

#### FLORIDA LIMITED LIABILITY COMPANY

#### Article 1 Name

The name of the Limited Liability Company is: ON-TIME SOLUTIONS, LLC.

#### Article 2 Address

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

1892 Fox Court Wellington, FL 33414

#### Article 3 Purposes

The company may engage in any and all lawful activities for which limited liability companies may be organized under the Florida Limited Liability Company Act.

#### Article 4 Duration

The term of existence of the company shall be perpetual.

#### Article 5 Contributions to Capital

The contribution of a member may be in cash, property or services rendered, or a promissory note or other obligation to contribute cash or property or to perform services.

#### Article Six Manager/Member

The name and address of the Manager/Member of the Limited Liability Company is:

Name: Michael Duncan

Address: 1892 Fox Court

Wellington, FL 33414

## Article 7 Registered Agent, Registered Office & Registered Agent's Signature

Name: Michael Duncan Address: 1892 Fox Court

Wellington, FL 33414

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

OHMAR -1 PH 2: 13
RECHEDANCE OF STATE