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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Ou	tsource Solutions For You, LLC		
	(Name of Limited Liability Company)		
The enclosed Articles of Or	ganization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the follo	wing:	
	Stephen L. Ziegler		
	(Name of Person)		
	Murray, Simmons & Ziegler, LLP		
	(Firm/Company)	32. E	
Lance	1401 East Broward Boulevard. Suite 200		1
	(Address)	SECRETARY O	
	Fort Lauderdale, Florida 33301		
	(City/State and Zip Code)	1 3 48 1 8 4	U
For further information con	cerning this matter, please call:	Ç., œ	
Robert Stanfill	at (<u>407</u>) <u>356-0488</u>		
(Name of Person)	(Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Outsource Solutions For You, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1660 Marina Lake Drive	1660 Marina Lake Drive	
Kissimmee, Florida 347484	Kissimmee, Florida 347464	
1401 East Bro Florida street addre Fort Lauderda		

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.

Stephen L. Ziegler (Registered Agent's Signature)

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	_	Name and Address:		
"MGR" = Man		·		
"MGRM" = Ma	nnaging Member			
MGRM	<u> </u>	Steven Robert Stanfill		
	_	1660 Marina Lake Drive		
	-	Kissimmee, Florida 347464		-
MGRM	1	Mirella Stanfill		
		1660 Marina Lake Drive		
	_	Kissimmee, Florida 347484		
	-	Rissiminee, Plotted 547429		- -
MGRM	1	Sheila Makohen		
		3011 Bonfire Beach Drive, Apt.	16-201	
	_	Kissimmee, Florida 34746		_
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REQUIRED S	IGNATURE:		-	
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	1. Polet	Stanfull		
	Signature of a member or an	authorized representative of a member.		
	(In accordance with section 6	08.408(3), Florida Statutes, the execution		
	of this document constitutes an affirmation under the penalties of perjury			
	that the facts stated herein are	e true.)		
		Stavan Dahart Stanfill		
		Steven Robert Stanfill ped or printed name of signee)		
	(1)	And or printing training or significal		

\$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)