L04000Q6637/

2004 SEP -9 A 8: 51 SECRETARY OF STATE (Requestor's Name) (Address) 700039816547 (Address) 09/09/04--01048--014 **25.00 (City/State/Zip/Phone #) PICK-UP WAIT MAIL 08/09/04---01039--009 **100.00 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ WOY 30499 Special Instructions to Filing Officer: ML

Office Use Only



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 10, 2004

MARK J. BURGER 8509 TOURMALINE BLVD. BOYNTON BEACH, FL 33437

SUBJECT: THE PEO SOULUTION COMPANY LLC

Ref. Number: W04000030499

We have received your document for THE PEO SOULUTION COMPANY LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 104A00049608

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 SEP -9 A 8: 51

SUBJECT: The PEO Solution Company LSECRETARY OF STATE (Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK J. BURGER
(Name of Person)

PEO Solution Advisors LLC
(Firm/Company)

8509 Tourmaline Bluch.
(Address)

Boynton Beach FL 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK J BURGER at (561) 989-3503

(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

FILED

FLORIDA LIMITED LIABILITY COMPANY

2004 SEP -9 A 8: 51 ARTICLE I - Name: SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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..

Page 1 of 2 (CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows: SEP -9 A 8: 51

Title: "MGR" = Manager "MGRM" = Managing Member MGQM	MANK I Bung. PEO Solution B509 TOURMAL BOYNTON BEAC	Advisons LLO
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE: Signature of a member or an additional article must be (In accordance with section 608. of this document constitutes an additional article must be	athorized representative of a made at the state of the execution of the ex	gember.

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)