

W04 0000 66989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

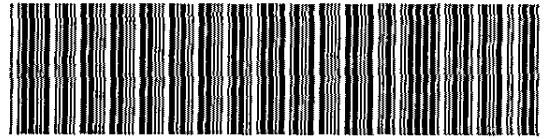
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200040779602

09/10/04--01040--013 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 19 PM 1:18

FILED

W04-66989
al

EFFECTIVE DATE

9.23.04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACM Business Solutions, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Nalluru C. Murthy
(Name of Person)

(Firm/Company)

390 Vista Oak Drive
(Address)

Longwood, FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

Nalluru C. Murthy at (407) 719 6407
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:18

FILED

Check Enclosed for \$160
for (1) Filing fee
(2) Designation of Regd. Agent
(3) Certified copy
(4) Certificate of Statute.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACM Business Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2180 West State Road 434 Suite 2104

2180 West State Road 434 Suite 2104

Longwood, FL 32779

Longwood, FL 32779

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

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

Nalluru C. Murthy

Name

390 Vista Oak Drive

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

Longwood

FLORIDA 32779

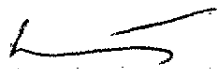
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:11

FILED

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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Nalluru C. Murthy
	390 Vista Oak Drive
	Longwood, FL 32779

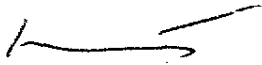
(Use attachment if necessary)

ARTICLE V – Effective Date

September 23, 2004

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.)

Nalluru C. Murthy

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:18

FILED

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)