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2004 OCT 21 P 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

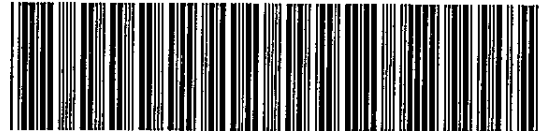
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Sunil S. Desai
14012 Colonial Grand Blvd.
Apt. 608
Orlando, FL 32837
(407) 240-9603

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 18, 2004

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

Dear Sir/Madam:

Enclosed herewith is my application to form a Florida Limited Liability Company. The accompanying material to support my application comprises:

1. Transmittal Letter.
2. Completed form for filing Articles of Organization (1 original + 1 copy).
3. Personal check for \$130 to cover the filing fees:
 - a. \$100 Filing Fee for Articles of Organization
 - b. \$25 Designation of Registered Agent
 - c. \$5 Certificate of Status

Thank you in advance for your consideration of my application.

Sincerely,



Sunil S. Desai

Enclosures

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Sunil S. Desai

(Name of Person)

(Firm/Company)

14012 Colonial Grand Blvd., Apt. 608

(Address)

Orlando, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Sunil S. Desai

(Name of Person)

at (407) 240-9603

(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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SSD 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:

450 W. Central Parkway

Ste. 2000

Altamonte Springs, FL 32714

Mailing Address:

450 W. Central Parkway

Ste. 2000

Altamonte Springs, FL 32714

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

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

Shekhar S. Desai

Name

5200 Babcock Street N.E., Ste. 111

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

Palm Bay, FLORIDA 32905

City, State, and Zip

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

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sunil S. Desai

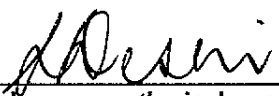
14012 Colonial Grand Blvd., #608

Orlando, FL 32837

(Use attachment if necessary)

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.)

Sunil S. Desai

Typed or printed name of signee

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)