

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

FROM:

Account Name : PARCORP SERVICES, LTD.  
Account Number : 119990000011  
Phone : (800) 603-2533  
Fax Number : (800) 398-0461

**LIMITED LIABILITY COMPANY**

**SMOOTH SAILING SOLUTIONS, LLC**

Certificate of Status	0
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 15, 2004

THERESA R. PULLEGA  
128 GRAHAM STREET SE  
PORT CHARLOTTE, FL 33952

SUBJECT: SMOOTH SAILING SOLUTIONS, LLC  
REF: W04000041694

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please resend your document. All I received was the fax audit page and the registered agent's designation page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

FAX Aud. #: H04000226192  
Letter Number: 904A00064878

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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

Fax Audit No. (((H04000226192 3 )))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
SMOOTH SAILING SOLUTIONS, LLC

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

**SMOOTH SAILING SOLUTIONS, LLC**

**ARTICLE II - Address:**

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

**128 GRAHAM STREET SE, PORT CHARLOTTE, FL 33952**

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

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

**THERESA R. PULLEGA**

Name \_\_\_\_\_

**128 GRAHAM STREET SE**

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

PORT CHARLOTTE, FL 33952

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 608, P.S.

Charles D. Miller  
Registered Agent's Signature

**ARTICLE IV - Management (Check Box if Applicable.)**

**X** The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or 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.)

DAVID L. SURINA

Typed or Printed name of signer

### Preparer Info:

Parcorp Services, Ltd. / David L. Surina  
931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**SMOOTH SAILING SOLUTIONS, LLC**

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

**THERESA R. PULLEGA**

Name

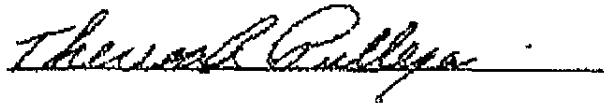
**128 GRAHAM STREET SE**

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

**PORT CHARLOTTE, FL 33952**

City, State and Zip

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Registered Agent **THERESA R. PULLEGA**

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