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NOV 15 AM 11:17

FILED



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10/25/04 - 01044 - 004 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W04/39566

AL

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 27, 2004

VINCENT R. MCGREW  
16765 FISHHAWK BLVD. #325  
LITHIA, FL 33547

SUBJECT: SELECT SOLUTIONS, LLC  
Ref. Number: W04000039566

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OCT 29 15 4 11:17  
TALLAHASSEE  
FLORIDA

We have received your document for SELECT SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

Agnes Lunt  
Document Specialist

Letter Number: 104A00061931

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

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

FILED

2004 NOV 15 AM 11:17

RECEIVED  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Vincent R. McGrew

(Name of Person)

Select Solutions, LLC

(Firm/Company)

16765 Fishhawk Boulevard #325

(Address)

Lithia, Florida 33547

(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent R. McGrew

(Name of Person)

at ( 813 ) 601-0957

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

**FILED**  
NOV 15 AM 11:17  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Select Solutions, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5008 Muir Way  
Lithia, Florida 33547

**Mailing Address:**

16765 Fishhawk Boulevard  
#325  
Lithia, Florida 33547

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

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

Vickie S. Grigsby

Name

16765 Fishhawk Boulevard

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

Lithia, Florida 33547

FL

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, F.S..*



Registered Agent's Signature

(CONTINUED)

**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

Geraldine Martin

4566 21st Avenue North

St. Petersburg, Florida 33713

MGRM

Verdell Gray, Jr.

7616 Dunbridge Drive

Odessa, Florida 33556

MGRM

Vincent R. McGrew

5006 Muir Way

Lithia, Florida 33547

\_\_\_\_\_

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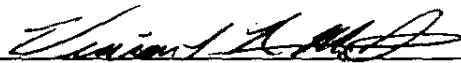
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(Use attachment if necessary)

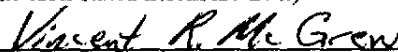
**NOTE: An additional article must be added if an effective date is requested.**

**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.)



Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)