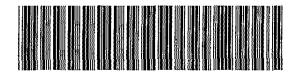
LOSE000017733

2005 FEB 17 P 2: 21 SECRETARY OF STATE (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



800046479318

· U2/17/05--01061--004 **160.00

TRANSMITTAL LETTER

FILED

TO: Registration Section 2005 FEB 17 P 2: 21 Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Crane Terrace For further information concerning this matter, please call: at (127) 572-4670 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

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

FILED

2005 FEB 17 P 2: 21 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

NorthShore Business Services, 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:

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

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

Kim A. Gill
Name

14047 Crane Terrace
Florida street address (P.O. Box NOT acceptable)

Clearwater FL 33762

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 Manager The name and address of each Manager	ing Member(s): or Managing Member is as	follow: ILED
Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address:	2005 FEB 17 P 2: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	12031 Brewst. Tampa, FL 3: Kim A. Gill	er Drive 3626
	14047 Crane - Clearwater, F	Terrace L 33762
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date	is requested.
Kum a	Mell r an authorized representative	of a member.
(In accordance with sectio	on 608.408(3), Florida Statutes, the	e execution

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)