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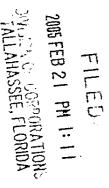
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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TRANSMITTAL LETTER

Division of Cor			
SUBJECT: Ongoing S	Solutions LLC		
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
Ron Gab			
-	(1)	Name of Person)	
		· = •	<u> </u>
Ongoing Solutions LI	_C		AL S
		Firm Company)	53 B T
			長 2 下
PO Box 4900	63		2005 FEB 21 PM 1: 1
		(Address)	TO
			LOGAT TO
•			夏豆 一
Saras	ota FL 34230	State and Zip Code)	- 57
	(City	blate and Zip Code)	
For further information c	oncerning this matter, please	cail:	
Ron Gabel		at (800) 349-9667	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	the following amount:		
☐ \$125.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:
	ration Section	Registration S	
	on of Corporations Gaines Street	Division of Co P.O. Box 6327	
	assee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:	FEB 21 PURESSON		
Ongoing Solutions LLC			
ARTICLE II - Address:	OR TO THE PROPERTY OF THE PROP		
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
8420 Isles Worth Court	PO Box 49063		
Ste #15305	Sarasota FL 34230		
Sarasota FL 34243			
The name and the Florida street address of the r	ogistorou agont aro.		
Name			
8420 Isles Worth Ct Ste #15305			
Florida street address (P.O. Box NOT acceptable)			
Sarasota FL 34243	FI.		
City, State, and Zip			
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as		
statutes relating to the proper and complete pe	y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ron Gabel
	PO Box 49063
	Sarasota FL 34230
<u> </u>	SFEB 2
*	ORP CORP
-	EL ORIGO
(Use attachment if necessary)	声 表
NOTE: An additional article must be a	dded if an effective date is requested.
REQUIRED SIGNATURE:	Lalus
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Ron Gabel	,
Typed o	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)