

U050000019848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

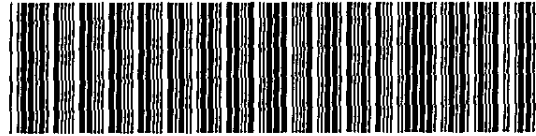
(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/24 FLCC

Office Use Only



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02/24/05--01028--018 \*\*155.00

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LAW OFFICES

**CARON SPEAS, P.A.**

613 St. Johns Avenue, Suite 203, Palatka, Florida 32177  
cspeas@bellsouth.net  
Telephone (386) 329-9081 ■ Facsimile (386) 329-9082

February 22, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Agent's Solutions Group, LLC**

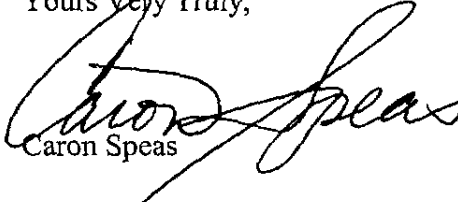
Dear Division:

Enclosed is an original and one (1) copy of the Articles of Organization, a Certificate of Registered Agent and a check for \$155.00 to cover the following fees:

Filing Fee . . . . . \$100.00  
Registered Agent Fee . . . . . \$ 25.00  
Certified Copy of Record . . . . . \$ 30.00

Please return the certified copy to my office at the earliest possible date.

Yours Very Truly,

  
Caron Speas

**ARTICLES OF ORGANIZATION**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Agent's Solutions Group, LLC

**ARTICLE II**

**Address**

The mailing address is P.O. Box 663, Georgetown, FL 32139; the street address is 107 William Bartram Drive, Welaka, FL 32193.

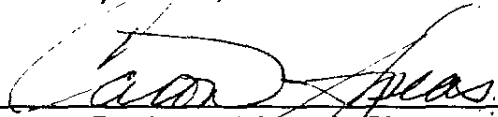
**ARTICLE III**

**Registered Agent, Registered Office, and Registered Agent's Signature**

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

Caron Speas  
613 St. Johns Avenue - Suite 203  
Palatka, FL 32177

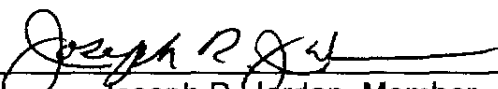
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by its members and is therefore, a member-managed company.

  
\_\_\_\_\_  
Joseph R. Jordan, Member

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**Certificate Designating Registered Office and Registered Agent  
and Statement of Registered Agent**


PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **Agent's Solutions Group, LLC.**
2. The name and address of the registered agent and office is:

**Caron Speas  
613 St. Johns Avenue - Suite 203  
Palatka, FL 32177**

I, CARON SPEAS, having been named as registered agent 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.

DATED: February 22, 2005.

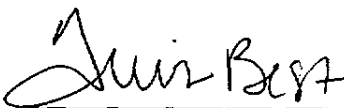
  
Caron Speas, Registered Agent

5170-105-52-811-0

STATE OF FLORIDA

COUNTY OF PUTNAM

The foregoing instrument was acknowledged before me this February 22, 2005 by CARON SPEAS who is personally known to me.



Notary Public, State of Florida



Teris Best  
MY COMMISSION # DD266111 EXPIRES  
November 11, 2007  
BONDED THRU TROY FAIN INSURANCE, INC