

05000051917

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000130494 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.
Account Number : 120010000215
Phone : (904)777-1533
Fax Number : (904)777-1717

05 MAY 24 AM 11:15
RECEIVED
05 MAY 24 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

LA 05/25/c

LIMITED LIABILITY COMPANY

Burg Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

H05000130494 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Burg Solutions, LLC**

ARTICLE II. ADDRESS:

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

4829 Timothy Street
Middleburg, FL 32068

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Matthew Nayfack, MGR.

4829 Timothy Street
Middleburg, FL 32068

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.


Matthew Nayfack Registered Agent


Date

05 MAY 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:
MGR.

Name and Address:
Matthew Nayfack
4829 Timothy Street
Middleburg, FL 32068

H05000130494 3

MAY-24-05 10:57 AM ABS OF JACKSONVILLE

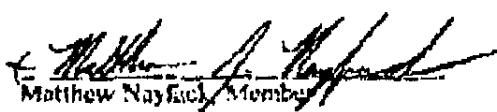
9047771717

P-05

H05000130494 3

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this _____ day of _____, 2005.


Matthew Nayak, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

FILED

05 MAY 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000130494 3