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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Executive Solutions Associates, UC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judith R. Fox (Name of Person)
Executive Solutions Associates, uc
= 8592 Mulberly Loop
UA Beach, VA 23456 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (757) 228-359) (Area Code & Daysime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Status \$\sum \\$155.00 Filing Fee & Status \$\sum \\$Certified Copy (additional copy is enclosed) \$\sum \\$Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Executive Solutions (Must end with the words "Limited Liability Company, "Limited	Associates UC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
320 Pineu Ridge, Rad	320 Piney Ridge Part &
Casselperry, FU 32707	Cossel Werry, FL 3244 3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature of the series of th
The name and the Florida street address of the re	egistered agent are:
Shauntiva Name	Jones
	ey Terrace Unit-301 ress(P.O. Box NOT acceptable)
All august Som	くっつつい

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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:
	See ATTACHED
	OS NOV
	Try and the state of the state
(Use attachment if necessary)	7
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a member	to Restaurant to the second se
(In accordance with se of this document cons that the facts stated	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)
	ped 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)

Manager - "MGR" Name
Managing Member - "MGRM"

MGR

Shaumting

Shawnting Jones
James G. Fox, III
Samuel Clements, Jr.
James G. Fox, Jr.
Judith R. Fox
Daniel Kerns
Joseph Cagle

MGRM MGRM MGRM MGRM MGRM MGRM MGRM

588 Brantley Terrace, Unit 301, Allamont Springs, FL 32714
948 Firefall Ct., VA Beach, VA 23454
2529 Covent Garden Rd, VA Beach, VA 23456
2592 Mulberry Loop, VA Beach, VA 23456
2592 Mulberry Loop, VA Beach, VA 23456
5390 Sir Barton Dr., VA Beach, VA 23456
6 Groveton Ct, Simponsville, SC 29691

Home Address

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