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| (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: | | | |
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EFFECTIVE DATE

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Positive Pro | plate Solutions, Sec. | |
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| | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
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| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art. of Amend. File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| | | Officer Search |
| | | Fictitious Search |
| Signature | | Fictitious Owner Search |
| | | Vehicle Search |
| | · — · · — · - | Driving Record |
| Requested by: | 1/25/04 7:46 | UCC 1 or 3 File |
| Name | $\begin{array}{ccc} & 1 \otimes 5 0 & 1.990 \\ \hline & Date & Time \end{array}$ | UCC 11 Search |
| | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | Courier |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

POSITIVE PROBATE SOLUTIONS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: POSITIVE PROBATE SOLUTIONS, 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:

Post Office Box 15443 Tampa, Florida 33684 Same

EFFECTIVE TATE

TILEU 1986 JAN 25 PM 1:58 SECRETARSEE, FLORIG

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

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

DAVID A. TOWNSEND, ESQUIRE Townsend & Brannon 608 West Horatio Street Tampa, Florida 33606

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*.

DAVID A. TOWNSEND, ESQUIRE

Registered Agent

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

"MGR:

= Manager

"MGRM"

_

Managing Member

TITLE:

NAME AND ADDRESS:

MGRM:

W. Scott Ream

Post Office Box 15443 Tampa, Florida 33684

MGR:

Marie M. Ream

Post Office Box 15443 Tampa, Florida 33684

ARTICLE V - EFFECTIVE DATE

The effective date of this Limited Liability Company is January 19, 2006.

W. SCOTT REAM

Signature of Authorized Member