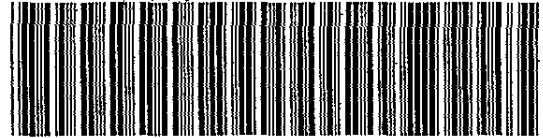


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2006 JAN 20 P 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



900064151209

01/20/06--01042--026 \*\*130.00

(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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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** Extreme Solutions LLC  
(Name of Limited Liability Company)

2006 JAN 20 P 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Ortiz

(Name of Person)

Extreme Solutions LLC

(Firm/Company)

725 Bayside Dr,

(Address)

Tarpon Springs, Florida 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Ortis

(Name of Person)

at (

727 ) 947-7239

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$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)

**Mailing Address**

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

**Street/Courier Address**

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2006 JAN 20 P 1:10

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Extreme Solutions LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

Luis Ortis

same

725 Bayside Drive

Tarpon Springs, FL 34689

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Luis Ortis

Name

725 Bayside Drive

Florida street address (P.O. Box **NOT** acceptable)

Tarpon Springs, FL 34689

City, State, and Zip

*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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Luis Ortiz

725 Bayside Dr

Tarpon Springs, FL 34689

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 16th, 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Luis Ortiz

Typed 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)**

**Ownership  
of  
Extreme Solutions LLC**

**I, Luis Ortiz of:                      725 Bayside Dr  
Tarpon Springs, FL 34689**

**Phone: 727-947-7239**

**I am sole owner (100 % ownership) of Extreme Solutions, L.L.C.**

L-Ortiz

**Luis Ortiz**

01/18/06

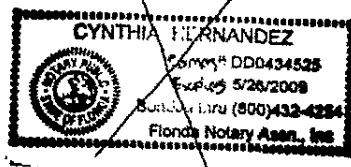
**Date:**



**Notary:**

Cynthia Hernandez  
Cynthia Hernandez

Date: 01/18/06



.....  
HANDEZ  
#DD0434625  
Expires 5/26/2008  
Call (800) 432-4254  
Florida Notary Assn., Inc.  
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