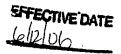
## L0600063005

(Requestor's Name)		
(Address)		
· (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:  Uant Let Gave		
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AUTHORIZATION BY PROBLETO		
AUTHORIZATION BY PHONE TO CORRECT C++ date  DATE 62106		
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SECRETARY OF STATE
ANASSEE, FLORIDA

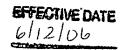
JUN 2 1 2006

## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
SUBJECT: Business Solutions & More LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:		
Yamilet R	Ramirez			
	(1	Name of Person)		
Business	Solutions & More	LLC		
	(	Firm/Company)		
5511 Mc	Kinley Street			
		(Address)		
Hollywoo	od, FL 33021			
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
Yamilet Ramirez		at ( 305 ) 778-14	80	
(Name of Person)		(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallabassee, FL 32301	ns	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Business Solutions & More LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	d Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5511 McKinley Street Hollywood, FL 33021	5511 McKinley Street Hollywood, FL 33021			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
Yamilet Ramirez	AHAGA TI			
Name	19 PH ASSEE,			
5511 McKinley Street				
11	ress (P.O. Box NOT acceptable)  73. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17			
Hollywood FL 33021  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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Yamilet Ramirez 5511 McKinley Street Hollywood, FL 33021
MGRM	Yamilet Ramirez 5511 McKinley Street Hollywood, FL 33021
(Use attachment if necessary)	
	the date of filing: 6/21/06. (OPTIONAL)  t be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
	amilet B
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury sed herein are true.)
Yamilet Ramire	Z Typed or printed name of signee
Filing Fees:	Typed or printed name of signee FLORDE 52

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)