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OEITA TYSAN OF STATE VISION OF EGRPORATION (ALEAHASSES, FLORIDA

2006 JUL -5 F

יאם יצי שאין יייירור רור

COVER LETTER

nization and fee(s) are s	ed Liability Company) submitted for filing.	
(Name of Limite	ed Liability Company) submitted for filing.	
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	er to the following:	
Eneas		
((Name of Person)	
Solutions, LL	.C	
	(Firm/Company)	- 10
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	(Address)	
, FL 32302		
(City	//State and Zip Code)	
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-	S155 00 Filing Fee &	\$160.00 Filing Fee,
	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
stration Section sion of Corporations	Street/Courier Addres Registration Section Division of Corporation	
(i i i	Solutions, LL O55 FL 32302 (City ming this matter, please son) following amount: 3130.00 Filing Fee & difficate of Status dling Address istration Section ision of Corporations	(Name of Person) Solutions, LLC (Firm/Company) O55 (Address) (Address) (City/State and Zip Code) ming this matter, please call: S at (954) 608-29 (Area Code & Daytime Total Company) following amount: S130.00 Filing Fee & Certified Copy (additional copy is enclosed) Company (Address istration Section)

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314 💮

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Higher Level Solutions, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liab	ed 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:
1194 Copper Creek Drive Tallahassee, FL 32311	P.O. Box 10055 Tallahassee, FL 32302
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:
Raymond D. Eneas	
Name	
1194 Copper Creek Dri	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32311
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	circept service of process for the above stated limited this certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all informance of my duties, and I am familiar with and interest agent as provided for in Chapter 608, F.S

(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:

MGR	Raymond D. Eneas	
	1194 Copper Creek Drive	
	Tallahassee, FL 32311	
MGRM	Brook M. Eneas	
	1194 Copper Creek Drive	<u>.</u>
	Tallahassee, FL 32311	
· · · · · · · · · · · · · · · · · · ·		
Use attachment if necessary)		(OPTION

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.)

Raymond D. Eneas

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)