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SECRETARY OF STATE

# **COVER LETTER**

TO:					
SUBJI	<sub>ECT:</sub> Outsou	urcing Alternatives, LL	c		
	<del></del>	(Name of Limite	d Liability Company)		
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	condence concerning this matte	er to the following:		
	Micky Pett	ipost Kueper			
		(Name of Limited Liability Company)  sed Articles of Organization and fee(s) are submitted for filling.  In all correspondence concerning this matter to the following:  (Name of Person)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Address)  est Palm Beach, FL 33404  (City/State and Zip Code)  (Name of Person)  (City/State and Zip Code)  (Name of Person)  (Area Code & Daytime Telephone Number)  is a check for the following amount:  (Piling Fee Set Certificate of Status Certified Copy (additional copy is enclosed)  (Address Street/Courier 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			
			(Firm/Company)	=	
	3750 Inve	ZOOB SECR			
			(Address)	OCT RETA HAS	C.
West Palm Beach, FL 33404					
		FFS TO			
For fur	ther information	4: 54 TATE ORIDA			
Mick	y Pettipost k	Kueper	at ( 561 ) 632-892	<b>!</b> 9	
	(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
		Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporatio Clifton Building	ons r Circle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company	' is:				
Outsourcing Alternatives, LLC					
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3750 Investment Lane	3750 Investment Lane				
Suite 2	Suite 2				
West Palm Beach, FL 33404	West Palm Beach, FL 33404				
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of t	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:    AFE   OC   30				
Micky Pettipost Kueper					
Ni	ame SR W				
3750 Investment Lane, Florida stree	Suite 2  t address (P.O. Box NOT accept Sor				
West Palm Beach	FL 33404 55				

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.

City, State, and Zip

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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Micky Pettipost Kueper	
	3750 Investment Lane, Suite 2	-
	West Palm Beach, FL 33404	-
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(Use attachment if necessary)	TAT U	
(Ose attachment if necessary)	LORIDA	
CLE V: Effective date, if other than the	date of filing: (OPTIC	)NA
	e specific and cannot be more than five business	
days after the date of filing.)		
v 57		
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.)

Micky Pettipost Kueper

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)