L07000016175

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified CopiesCertificates of	Status			
Special Instructions to Filing Officer:				

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SECRETARY OF STATE OF STATE OF CORPORATIONS

Walker 1962 200

A DRIVE PEB 1 3 2007

COVER LETTER

TO: Registration Sect Division of Corp				
subject: <u>-SMA</u>	L BUSTNESS (Name of Limited	LEGAL SOLUTI d Liability Company)	ions, LLC	
The enclosed Articles of C	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
N	TICHAEL T.	GREENE Name of Person)	2	DIVISION
SMALL (BUSINESS LEGA	AL Solutions	, LL	FULL IS IN IS IN 3: 1
F	?O. Box	Firm/Company)		PM 3:
JUP	cter, Flor	(Addréss) State and Zip Code)		<u>+</u> ∞
For further information con Michael (Name of	Creene Person)	at (4682 Elephone Number)	<u>.</u>
Enclosed is a check for t	he 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 Corporation Clifton Building 2661 Executive Center	ns	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2007

MICHAEL T. GREENE SMALL BUSINESS LEGAL SOLUTIONS, LLC P.O. BOX 296 JUPITER, FL 33468

SUBJECT: SMALL BUSINESS LEGAL SOLUTIONS, LLC

Ref. Number: W07000004962

OT FEB 12 PM 3: 14

We have received your document for SMALL BUSINESS LEGAL SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 207A00007187

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is:		
	SMALL BUSTNESS LEGAL 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 Co	mpan	y is:
	Principal Office Address: Mailing Address:		
*	P.O. BOX 296 3216 W. COMMUNITY DX. JUPITER, FL 33458 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatus (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.)	03	DIV.
	The name and the Florida street address of the registered agent are:	7	255
	Michael T. Greene	FEB 12	RETAR PER
	3216 W. Community Drive	PH သူ	ORPORA ORPORA
	Florida street address (P.O. Box NOT acceptable) JIPTER FL 33456 City State and Zin	F	TIONS

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 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (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 any authorized representative of a member.

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury