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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SOLUTIONS PLUS, LLC

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# OF SOLUTIONS PLUS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, sets forth the following:

#### ARTICLE I - NAME

The name of this limited liability company is **SOLUTIONS PLUS, LLC** (the "Company").

#### ARTICLE II - PERIOD OF DURATION

The period of duration of the Company shall be from the date of filing these Articles with the Department of State until the first to occur of the following:

- (i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or
- (ii) Dissolution of the Company pursuant to provisions of the Florida Limited Liability Company Act.

# ARTICLE II - MAILING AND STREET ADDRESS OF INITIAL PRINCIPAL OFFICE OF COMPANY

The mailing and street address for the principal office of the Company is 1760 Joybrook Rd., Navarre, Florida 32566.

#### ARTICLE IV - INITIAL REGISTERED AGENT

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The name and street address of the initial registered agent in Florida for the Company is. Whitney Hipsh whose address is 1283 North Eglin Parkway, Suite A, Shalimar, FL 32579.

#### ARTICLE V - ADDITIONAL MEMBERS

An interest of a Member of the Company may only be transferred or assigned to such extent as is provided in the Operating Agreement.

#### ARTICLE VI- CONTINUITY OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall not be continued and the Company shall be dissolved unless there is obtained within thirty (30) days thereafter the consent of all the remaining Members of the Company to a continuation thereof.

#### ARTICLE VII- MANAGEMENT

The Company is to be managed by its members, and is therefore a member-managed limited 1 liability company.

ARTICLE VIII - AUTHORIZED REPRESENTATIVE

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The name and address of the authorized representative for purposes of executing these Articles of Organization is Whitney Ilipsh, 1283 North Eglin Parkway, Suite A, Shalimar, FI. 32579.

IN WITNESS WHEREOF, the undersigned has executed these Articles on this <u>23<sup>rd</sup></u> day of <u>February</u>, 2007, as the authorized representative for the Member(s) of the Company.

Whitney Uim

Authorized Representative

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### ACCEPTANCE BY THE REGISTERED AGENT

I, Whitney Hipsh, hereby accept appointment as Registered Agent for the Limited Liability Company, SOLUTIONS PLUS, LLC, and do hereby understand and accept the obligation of the position, and acknowledge my acceptance with my signature below on this 23rd day of February, 2006.

Whitney Hipsh, Registered Agent

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