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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT: 5tr	Hegic Nuest	ment Solutions d Liability Company)	LLC	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
MICHA	nel J. DeGor	e_ Name of Person)		
Strate	egic luvestme	ut Solutions,	LLC	
4806 (owry Hills	Drive (Address)		OT HAR -7 PM 1: 04
Tampr	FL 33621 (City.	(State and Zin Code)		-7 P
•	(City)	State and Zip Code)		
For further information of	concerning this matter, please	call:		4
MICHAREL J. 1)e601e of Person)	at (<u>813</u>) <u>552</u> · (Area Code & Daytime To	135 elephone Number)	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing I 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 Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Strategic Investmen	T Solutions, LLC
	'Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4806 Cowmy Hills Drive	4806 Country Hills Drive
TAMPA FL 33624	Tamora FL 33624
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Wickey 5.	De Gove Name PH PR PR PR PR PR PR PR PR PR
City, S	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..

Kegistered 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	Name and Address:
"MGRM" = Managing Member	
MGRM	Michael J. Debore 4806 Country Hills Drive Tampia FL 33624
MLRM	Scort Spagna 30 Little Pond Rd. Milford, CT 06460
	OT MAR - 7 PM 1: 04
	3
(Use attachment if necessary)	£
ICLE V: Effective date, if other than effective date is listed, the date m 90 days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL) rust be specific and cannot be more than five business days pr
Signature of a n	nember or an authorized representative of a member.
of this document	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.)
	······································

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)