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Division of Corporations

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ORIDA/FOREIGN LIMITED LIABILITY CO.

IND Solutions, LLC

Certificate of Status	1
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H07000079704

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: IND Solutions, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

r incipal Office Audres:	<u>Li</u>	Maining Address:		
1809 E. Broadway, Suite 350		1809 E. Broadway, Suite 350		
Oviedo, FL 32765		Oviedo, FL 32765		
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ARTICLE III - Regis		istered Office & Registered Agent's Si ered agent are:	gnature FE	
•	Sus	san A. Coleman	ASSI 21	
•		Name	FOR THE	
•	180	9 E. Broadway, Suite 350	ا من اسم	
		(P.O. Box or Mail Drop Box NOT Acceptable)	TATE ORIDE	
	Qv	iedo, FL 32765		
		(City / State / 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.

Registered Agent's Signature - Susan A. Coleman

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 **MGRM** Susan Coleman- 1809 E. Broadway, Suite 350, Oviedo, FL 32765 **MGRM** Terrance Coleman- 1809 E. Broadway, Suite 350, Oviedo, FL 32765 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) Susan Coleman Typed or printed name of signee