

LO7000049189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

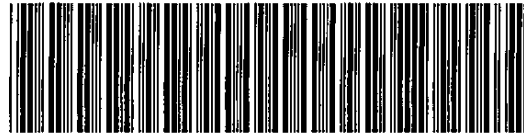
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000101696620

05/07/07--01030--018 **125.00

FILED
07 MAY -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

TABS SOLUTIONS, LLC
1210 NW 179TH TERRACE
MIAMI GARDENS, FLORIDA 33169

April 20, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: TABS SOLUTIONS, LLC

Dear Sir/Madam:

Kindly return all correspondence concerning this matter to the following:

DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

For further information concerning this matter, please call:

Denise White at: (786) 487-7929

Enclose is an Original and One (1) copy of the Articles of Organization for Florida Limited Liability Company and filing fee in the amount of \$125.00.

Yours truly,



Denise White

/dw
Enclosures

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

TABS SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address of the principal office of the limited Liability Company is:

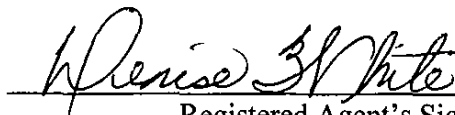
DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is/are:

DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

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, Florida Statutes.



Registered Agent's Signature

FILED
07 MAY -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Management:
(check and complete the appropriate statement)

 The Limited Liability Company is to be managed by a manager or managers and the names(s) and address (es) of such manager(s) who is/are to serve as managers(s) is/are:

“MGR” Manager - DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

 The Limited Liability Company is to be managed by the members and the name(s) and address (es) of the managing members(s) is/are:

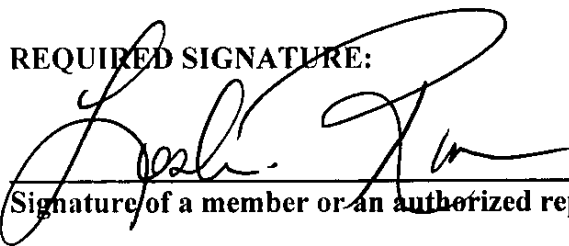
Managing Member

LESLIE M ROSE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

FILED
07 MAY -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

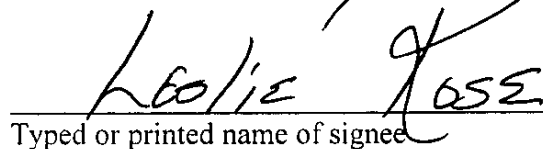
NOTE: An additional article must be added if any effective date is requested.

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.)


Typed or printed name of signer