

L07000080068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

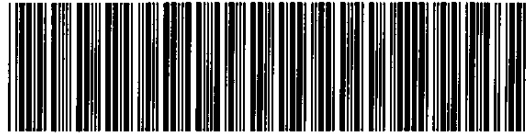
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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e-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Tuesday, July 24, 2007

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *ca Integral Solutions, LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.
26520 Agoura Road
Calabasas, CA 91302
ATTN: FULFILLMENT DEPARTMENT

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DIVISION OF CORPORATIONS

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**Articles of Organization
For
ca Integral Solutions, LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is ca Integral Solutions, LLC

ARTICLE II - Address:

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

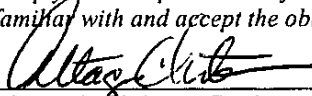
304 Timbercove Circle
Longwood, Florida 32779

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

Altagracia Christens
304 Timbercove Circle
Longwood, Florida 32779

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.



Altagracia Christens, Registered Agent

ARTICLE IV - Management:

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

Altagracia Christens
304 Timbercove Circle
Longwood, Florida 32779



Meghan Record, Organizer