

L07000096406

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

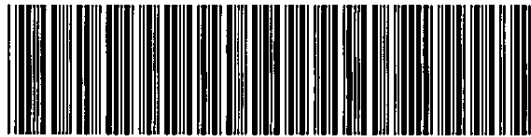
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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 09/19/07

REF. #: 001646.74742

CORP. NAME: UNLIMITED CONSULTING SERVICES, LLC

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 522913 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2007

KATIE WONSCH  
CORPDIRECT AGENTS  
TALLAHASSEE, FL

SUBJECT: UNLIMITED CONSULTING SERVICES, LLC  
Ref. Number: W07000046420

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DIVISION OF CORPORATIONS  
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PLEASE GIVE ORIGINAL SUBMISSION  
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We have received your document for UNLIMITED CONSULTING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 807A00055359

PLEASE GIVE ORIGINAL SUBMISSION  
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**ARTICLES OF ORGANIZATION  
OF  
HOME PLATE CONSULTANTS, LLC  
A Florida Limited Liability Company**

**ARTICLE I - Name**

The name of the limited liability company is **HOME PLATE CONSULTANTS, LLC** (the "Company").

**ARTICLE II - Principal Office**

The mailing address and street address of the principal office of the Company is 210 N. University Drive, 9<sup>th</sup> Floor, Coral Springs, Florida 33071.

**ARTICLE III - Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV - Management**

The Company is to be manager managed and the name and address of the initial manager is:

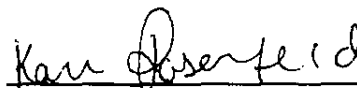
**ERIC C. SIVERSEN  
210 N. University Drive, 9<sup>th</sup> Floor  
Coral Springs, Florida 33071**

**ARTICLE V - Admission of Additional Members**

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

**ARTICLE VI - Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



**KARI ROSENFELD, Authorized Representative**

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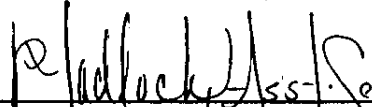
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **HOME PLATE CONSULTANTS, LLC**
2. The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with the obligations of its position as a registered agent.*

**CORPDIRECT AGENTS, INC.**

By:   
Print Name: Patricia Tadlock  
Title: Assistant Secretary