

LD70000110285

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(City/State/Zip/Phone #)

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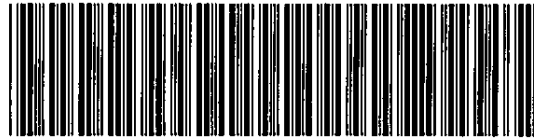
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~~LD7-51752~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT 15 PM 12:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-ENROLLMENT & Communications, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. HUERTA
(Name of Person)

E-ENROLLMENT & Communications, LLC
(Firm/Company)

10323 CROSS CREEK BLVD, SUITE H
(Address)

TAMPA, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. HUERTA at (813) 907-0300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☒ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
☐ \$160.00 Filing Fee, 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2007

DAVID A. HUERTA
10323 CROSS CREEK BLVD., STE. H
TAMPA, FL 33647

SUBJECT: E-ENROLLMENT & COMMUNICATIONS, LLC
Ref. Number: W07000051752

We have received your document for E-ENROLLMENT & COMMUNICATIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 15, 2007. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 207A00061436

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E-ENROLLMENT & Communications, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10323 CROSS Creek Blvd
SUITE H
TAMPA FL 33647

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James KIST, CPA
Name

5301 TECHNOLOGY DRIVE
Florida street address (P.O. Box **NOT** acceptable)

TAMPA, FL 33647
City, 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..

James R Kist
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

HUENNA ENTERPRISES, INC
10323 CROSS CREEK BLVD SUITE H
TAMPA FL 33647

MGRM

Jon Gregory Fisher
297 Maryfield Drive
Salt Lake City UT 84108

MGRM

PROFESSIONAL LAW INSURANCE, LLC
299 MAIN STREET SOUTH
SALT LAKE CITY UT 84111

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 15 2007. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

David A. Huenna

Typed or printed name of signee

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)