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EXAMINER

SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION FOR TODCO SOLUTIONS, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is TODCO SOLUTIONS, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 131 - Paul Revere Rd, Bartow, FL 33830.

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is James D. Carter, Jr., 1111 Third Avenue West, Suite 150, Bradenton, Florida 34205.

ARTICLE V: MANAGERS

The name and address of the initial Managers of the company are:

Todd Morey, Manager, 131 - Paul Revere Rd, Bartow, FL 33830 Kelli Crawford, Manager, 131 - Paul Revere Rd, Bartow, FL 33830

The undersigned has executed these Articles of Organization this 14th day of January 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 and 608.416, Florida Statutes, the mentioned Limited Liability Company (hereinafter LLC), 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.

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1	The name of the LLC is:	TO CO TO CO	
ıl.	I NA DOMA OT THAT I I TO	TODCO SOLUTIONS, LLC	
1.	THE HAITE OF THE LLC IS.	TODOGO SOLUTIONS, LIA	

2. The name and street address of the registered agent and office is:

James D. Carter, Jr.
1111 Third Avenue West, Suite 150
Bradenton, Florida 34205

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED "L.L.C." 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.

STATE OF FLORIDA COUNTY OF MANATEE

'IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my scal of office the day and year last above written.

Notary Public, State of Florida

(Printed) Gregory C. Meissner

My Commission Expires:

Registered Agent

GREGORY C. MEISSNER
Notary Public, State of Florida
My comm. expires May 16, 2010
Comm. No. DD 543948
Bonded Thru BLI Insurance Company/Surety Division

(SLAL)