

L080000010S44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

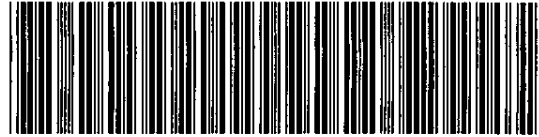
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/29/08--01027--020 **160.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 1/25/08

SUBJECT: Advanced Workflow Solutions of Florida, L.L.C.

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

Please return all correspondence concerning this matter to the following:

Robert F. Kiel
3270 NW 28 Terrace
Boca Raton, FL 33434

For further information concerning this matter, please call:

Robert F. Kiel at (954) 205-3468

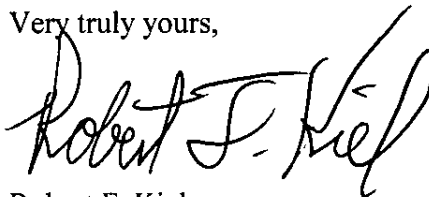
Enclosed is a check for the following amount:

\$160.00 as Filing Fee, Certificate of Status & Certified Copy (additional copy of Articles of Organization is enclosed)

cc: file
Enclosure: 1 and check

Sent by Express Mail 1/26/08

Very truly yours,



Robert F. Kiel

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Workflow Solutions of Florida, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

c/o Gustavo Machado
508 S.W. 1st Court - Unit 102
Pompano Beach, FL 33060

Mailing Address:

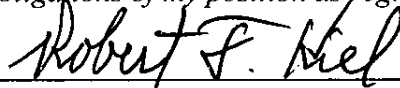
3270 NW 28 Terrace
Boca Raton, FL 33434

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

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

Robert F. Kiel
3270 NW 28 Terrace
Boca Raton, FL 33434

Having been named as registered agent and to accept service of process for the above named 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.



Registered Agent's Signature

ARTICLE IV - Manager or Managing Member(s):

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

Title:

Managing Member

Name and address:

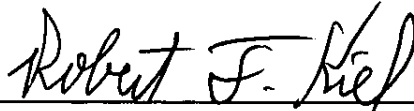
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
(continued)

REQUIRED SIGNATURE:



Signature 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.)

ROBERT F. KIEL
(Name of signee)

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