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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****ADVANCED ENTERPRISE SOLUTIONS., LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ADVANCED ENTERPRISE SOLUTIONS, LLC.**

**ARTICLE II - Address:**

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

**Principle Office Address:**

**Mailing Address:**

**8544 JUNIPER RD**

**8544 JUNIPER RD.**

**OCALA, FL 34480**

**OCALA, FL 34480**

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

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

**JEROMY FINEGAN**

Name

**8544 JUNIPER RD**

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

**OCALA, FL 34480**

City, State, and Zip

*Having been named as registered agent and to accept service of process for above stated limited liability company as 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, Florida Statutes.*

  
Registered Agent's Signature

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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

JEROMY FINEGAN

8544 JUNIPER RD

OCALA, FL 34430

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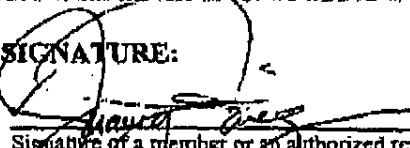
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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 penalties of perjury that the facts stated herein are true.)

JEROMY FINEGAN

\_\_\_\_\_  
Typed or printed name of signee

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