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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Outsourcing Products and Supplies (imited Liability Company) (Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
_	Floralba C. Holina (Name of Person)
	(Name of Person)
Ď	utsourcing Products and Supplies limited Liability Company
-	648 Renwicle Cr. Apt. 105 (Address)
<u></u>	Casselberm, F1 32707 (City/State and Zip Code)
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
Flo	ralba C. Holina at (407) 575-0362 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
] \$125.00	O Filing Fee \$\Bigcup \\$\\$130.00 Filing Fee & \Bigcup \\$\Bigcup \\$\\$155.00 Filing Fee & \Bigcup \\$\Bigcup
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Outsourcing Products and Supplies (Must end with the words "Limited Liabilit ARTICLE II - Address:	Limited Liability Company y Company, "L.L.C.," or "LLC.")	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
rincipal Office Address: Mailing Address:		
648 Kenwick Cr. Apt. 105 Casselberry, FL 32707	648 Kenwick. Cr. APt-105 Casselberry Fl, 32707	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: Floralba C. Molina Name		
648 Kenwick. Florida street addre Casselberry City, State, an	ess (P.O. Box NOT acceptable) FL 32707 S AND S	
Having been named as registered agent and to ac	ccept service of process for the above stated limited	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member H G R.	648 kenwick cr. Apt 105 Casserberry, Fl. 32707
(Use attachment if necessary)	
	the date of filing: 03 21 2008 . (OPTIONAL st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	_ ^
Cue	recentures.
Signature of a me	ember or an authorized representative of a member.
of this document c	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)

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)

Typed or printed name of signee