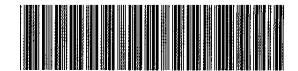
408 0000 50025

49

•
(Requestor's Name)
(A.J.J., -)
(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:
epoolar moradions to 1 mily differ.
189 6391 2976 671
Office Use Only
60
18-10 103922
100 103922
WB-103922
₩,



500123493745

04/16/08--01014--025 ++130.00 - 3

8 HAY 19 AN ID: 50 SECRETARY OF STATE

MAY 20 2008

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Strategic Solutions, 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:		
Brian Voge		
(Name of Person)	-	
Strategic Solutions, LLC		
(Firm/Company)	-	
1718 SE 8th Street	_	
(Address)	•	
Ocala, FL 34471		
(City/State and Zip Code)	•	
For further information concerning this matter, please call:	g . 0	
	OB MAY	
Brian Voge 352 622-8581	19	77
(Name of Person) (Area Code & Daytime Telephone Number)		FILED
Enclosed is a check for the following amount:	AH 10: 50	U
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & } \text{\$155.00 Filing Fee & } \text{\$160.00 Filing Fee, } \text{\$Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$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

April 17, 2008

BRIAN VOGE 1718 SE 8TH STREET OCALA, FL 34471

SUBJECT: STRATEGIC SOLUTIONS, LLC

Ref. Number: W08000019578

We have received your document for STRATEGIC SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is nacceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L06000103922.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 808A00023042

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company		
Strategic Learning Solutions, LL		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1718 SE 8th Street	1718 SE 8th Street	
Ocala, FL 34471	Ocala, FL 34471	•
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: April April	
	ame Ph	S
1718 SE 8th Stree	et QH 5	
Florida stree	et address (P.O. Box NOT acceptable)	
Ocala,	_{FL} 34471	
City, St	ate, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MORN	Prior Vogo	
MGRM	Brian Voge 1718 SE 8th Street	
	Ocala, FL 34471	
		
		, , ,
		
		SECRET
(Use attachment if necessary)		, , , , , , , , , , , , , , , , , , ,
(Ose attachment if necessary)		F.S.
LE V: Effective date, if other than th	a data affilian	IAPOIT FEE

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.)

Brian Voge

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)