

L080000067991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

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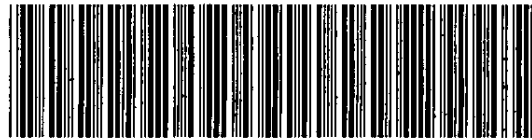
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JUL 15 2008

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 14 PM 2:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POS-Tech Financial 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:

Paul O. Iverson

(Name of Person)

POS-Tech Financial Solutions, LLC

(Firm/Company)

890 Palmetto Pointe Circle

(Address)

Cape Coral, Florida 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul O Iverson

(Name of Person)

at (239) 633-9827

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POS-Tech Financial Solutions, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

890 Palmetto Pointe Circle
Cape Coral, Florida 33991

Mailing Address:

890 Palmetto Pointe Circle
Cape Coral, Florida 33991

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul O. Iverson

Name

890 Palmetto Pointe Circle

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

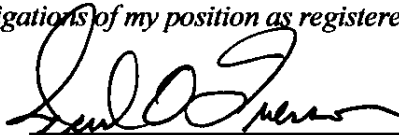
Cape Coral

FL 33991

City, State, and Zip

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DIVISION OF CORPORATIONS
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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

"MGRM" = Managing Member

Name and Address:

MGR

Paul O Iverson

890 Palmetto Pointe Circle

Cape Coral, Florida 33991

MGR

Kim M Meier

890 Palmetto Pointe Circle

Cape Coral, Florida 33991

Mgr

William C Axelgard

2211 Surfside Blvd

Cape Coral, Florida 33991

Mgr

Nivia L Correa

2211 Surfside Blvd

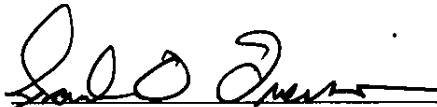
Cape Coral, Florida 33991

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 7, 2008. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Paul O Iverson

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)