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**EXAMINER** 

### **COVER LETTER**

Division of Co					
SUBJECT: EESOI	LUTIONS, LLC				
Subject.	(Name of Limit	ted Liability Compa	ny)	<del>,,</del>	
The enclosed Articles of	Organization and fee(s) are	submitted for filing			
Please return all correspo	ondence concerning this mat	tter to the following:	;		
Samual J.	Ard				
		(Name of Person)			
Ard, Shirle	y & Rudolph, P.A	۸.			
		(Firm/Company)			<del></del>
207 West	Park Avenue, Sui	te B			
		(Address)			
Tallahasse	ee, FL 32301				
	(Ci	ty/State and Zip Code	)		
For further information of	concerning this matter, pleas	e call:			7-3 76-75
Samual J. Ard		850	577-650	F 5	ATTO THE PARTY OF
(Name of Person)		at ()	& Daytime Tele		T. P.
Enclosed is a check fo	r the following amount:			in the	<b>1 1 1 1 1 1 1 1 1 1</b>
\$125.00 Filing Fee	_	\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	ယ &ယ
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu	of Corporations		

Tallahassee, FL 32301

#### EESOLUTIONS, LLC

#### ARTICLES OF ORGANIZATION

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

#### ARTICLE I. NAME

The name of the limited liability company is EESOLUTIONS, LLC (the "Company").

#### ARTICLE II. ADDRESS

The Company's mailing address and the street address of its principal office is:

1739 Kathryn Drive Tallahassee, Fl 32312

#### ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 207 West Park Avenue, Tallahassee, Fl 32301 as the street address of the initial registered office of the Company and namesSamual J. Ard of Ard, Shirley & Rudolph, P. A., as the Company's initial registered agent at that address to accept service of process within this state.

#### ARTICLE IV. MANAGING MEMBERS

The name and address of each managing member is as follows:

- Barbara Palmer.
   1739 Kathryn Drive
   Tallahassee,FL32308
- 2. Ryland Musick 1739 Kathryn Drive Tallahassee, Florida 32308

Dated this <u>//</u> day of July, 2008.

THE JUL 14 PM 1:33

B. Darbara Siloner

Barbara Palmer

as it Authorized Representative

SCENE THE PH 1: 33

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is EESOLUTIONS, LLC.
- 2. The name and address of the registered agent and office are:

Mr. Samual J. Ard Ard, Shirley & Rudolph, P.A. 207 West Park Avenue, Suite B Tallahassee, Florida 32301

Barbara Palmer

as its Authorized Representative

#### ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I acept the appointment as registered agent and agree to act in that 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.

Samual J. Ard

Registered Agent

Dated: July // , 2008