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SECRETARY OF STATE STATE OF CORPORATIONS

J. BRYAN

FEB - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Apollo Business 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:	
Sardra L. Hock :	ก
(Name of Person)	7357
<u> </u>	
(Firm/Company)	등 당 당 당 당
4095 S. US Highway I :	SELENS SELENS
Pockledge FL 32955 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (32) 693-4165 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee & } \$	
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:	09FEB
Acollo Busine (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	بن ہیں incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4095 S. US HWY I ROCKEDGE, FL 30955	P.O. Box 5.60869 <u>POULledge</u> , FL 32956

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:

Name

1267 Ballinton Dr.

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

Melworke FL 32940

City, State, and Zip

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Sardra L. HOCK 1267 Bullinton Dr. Melpovine, FL 32940
MER	Timothy P. Hack 1267 Ballinton Dr. Melbourne, FL 32940
	OP FET
·	-5 PA
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
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.)

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)