

L09000013899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

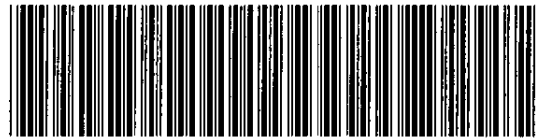
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

FEB 11 2009

EXAMINER

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit.

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Thursday, January 22, 2009

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:   *Financial Solutions of Tampa LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

**Articles of Organization  
For  
Financial Solutions of Tampa LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Financial Solutions of Tampa LLC

**ARTICLE II - Address:**

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

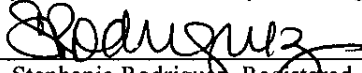
16114 N Florida Ave  
Lutz, FL 33549

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Stephanie Rodriguez  
16114 N Florida Ave  
Lutz, FL 33549

*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.*

  
Stephanie Rodriguez, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Stephanie Rodriguez  
16114 N Florida Ave  
Lutz, FL 33549



Meghan Record, Organizer

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