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(City/State/Zip/Phone #)

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(Business Entity Name)

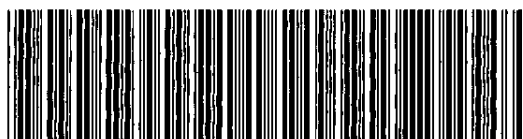
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FILED
09 MAR 30 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. ~~Camp~~ MAR 31 2009

TRANSMITTAL LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS**

SUBJECT: THE SOLUTIONS COMPANY LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

THE SOLUTION COMPANY LLC
C/O THOMAS D. MCGUIRE
930 S. ATLANTIC AVENUE
COCOA BEACH, FL 32931

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

THOMAS D. MCGUIRE 321-626-3372

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

| | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 FILING FEE | <input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS | <input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY* | <input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY* |
|--|--|---|--|

*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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09 MAR 30 PM 2:51
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TALLAHASSEE FLORIDA

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

THE SOLUTIONS COMPANY LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

930 S ATLANTIC AVENUE
COCOA BEACH, FL 32931

MAILING ADDRESS

SAME

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

THOMAS D MCQUIRE

930 S ATLANTIC AVENUE

COCOA BEACH, FL 32931

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

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR"= MANAGER

"MGRM= MANAGING MEMBER

MGR

THOMAS D MCQUIRE
930 S ATLANTIC AVENUE
COCOA BEACH, FL 32931

MGRM

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TALLAHASSEE FLORIDA

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE:

x



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.)

THOMAS D MCQUIRE
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)