Florida Department of State

Division of Corporations Public Access System

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(((H09000109365 3)))

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Division of Corporations

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Fromi

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940

Pax Number

: (516)935-3086

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Solution Programs, L.L.C.

Certificate of Status	1
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J. BRYAN

MAY - 1.2009

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Corporate Filing Menu

HEXAMINER

ARTICLES OF ORGANIZATION FOR

H09000109365

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Companyis: Solution Programs, L.L.C.

ARTICLE II - Address

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

Principal Office Address:		Mailing Address:		
4521 PGA Blvd 293	414	4521 PGA Blvd 293		4
Palm Beach Gardens, FL 33418	<u> </u>	Palm Beach Gardens, FL 33418		
ARTICLE III - Registered Agrangement and Florida street address of			O9 APR 30 AM SECRETARY OF	<u>.</u>
	Charles E. Roy	Name	E FF S	
	7884 Fairway L	ane	8:51 STATE FLORID	
	(P.O. Box or	Mail Drop Box <u>NOT</u> Asceptable)	37	
	West Palm Bea	ch. FL 33412		

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.

(City / State / Zip)

Registered Agent's Signature / Chaples E. Reynol

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

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

H09000109365

Title:

Name and Address:

"MOR" = Manager

"MORM" = Managing Member

MGRM

Charles E. Reynolds - 7884 Fairway Lane, West Palm Beach, FL 33412

MGRM

Roselyn Kleeman -7884 Fairway Lane, West Palm Bench, FL 33412

MGRM

Jose R. Marmolejo - 7884 Fairway Lane, West Palm Beach, FL 33412

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Charles E. Reynolds

Typed or printed name of signes

O9 APR 30 AM 8: 51
SECRETARY OF STATE
TALL AHASSEE F. STATE