

Division of Corporations

Page 2 of 3

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000115786 3)))



H090001157863ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

GAIL S ANDER

Account Name : LOWMEES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## SOLUTIONS OFFICE SUITES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

D. BRUCE

MAY 07 2009

EXAMINER

FILED

09 MAY -6 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

09 MAY -6 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Lowndes  
Drosdick  
Doster &  
Kantor &  
Reed, P.A.**

215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809

TEL.: 407-843-4600 / FAX.: 407-843-4444

www.lowndes-law.com

**A T T O R N E Y S  
A T L A W**

**III MERITAS LAW FIRMS WORLDWIDE**

**FROM:**

Name:  
Fax Number:  
Voice Number:

**TO:**

Name: DIVISION OF CORPORATIONS  
Company:  
Fax Number: 1-850-617-6383  
Voice Phone:

**MESSAGES:**

**FILED**  
**09 MAY -6 AM 9:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Date and time of transmission: **Wednesday, May 06, 2009 3:18:56 PM**  
Number of pages including this cover sheet: **03**

*If you did not receive all of the pages, please contact us as soon as possible.*

*The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.*

R09000115786 3

**ARTICLES OF ORGANIZATION  
OF  
SOLUTIONS OFFICE SUITES, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is Solutions Office Suites, LLC (the "Company")

**ARTICLE II - PRINCIPAL OFFICE**

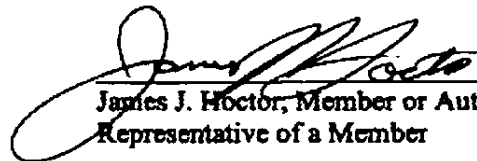
The mailing address and street address of the principal office of the Company is 511 W. Bay Street, Suite 350, Tampa, Florida 33606.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James J. Hootor.

**ARTICLE IV - MANAGEMENT**

The Company is a manager-managed limited liability company and, therefore, will be managed by one or more managers in accordance with the terms of its operating agreement.

  
James J. Hootor, Member or Authorized  
Representative of a Member

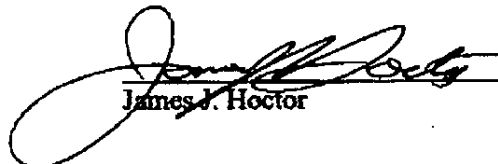
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -6 AM 9:05

FILED

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
James J. Hootor