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T. HAMPTON

AUG - 3 2009

EXAMINER

COVER LETTER

SUBJECT: FINE MARKETING SOLUTIONS LACE 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: ADRIENNE BAERSON Name of Person FINE MARKETING SOLUTIONS LLC Firm/Company GOON PINE 15 LAND RO Address PLONTATION FL City/State and Zip Code Abaerson Be-mail address: (to be used for futury annual report notification) For further information concerning this matter, please call: ADRIENNE BAERSON Name of Person Area Code & Daytine Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6337 Tallahassee, FL 32314 STREVCourier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee FL 32310	٠	TO: Registration Section Division of Corporation					
Please return all correspondence concerning this matter to the following: ADRIENNE BAERSON Name of Person FINE MARKETING SOLUTIONS, LLC Firm/Company GOO N PINE ISLAND RD Address Address Address Address City/State and Zip Code Abaerson Address: (to be used for futury annual report notification) For further information concerning this matter, please call: ADRIENNE BAERSON Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S15.00 Filing Fee} \times \text{S130.00 Filing Fee} & Certified Copy (additional copy is enclosed)} \text{Mailing Address} \text{Registration Section} \text{Division of Corporations} \text{P.O. Box 6327} \text{Tallahasses, FL 32314} \text{Tallahasses, FL 32314} 2661 Executive Center Circle	•	SUBJECT: FINE	MAR Name of Limite	KETING ad Liability Company	SOLU	T10 NS,	4C
ADRIENUE BAFRSON Name of Person FINE MARKETING SOLUTIONS, LLC Firm/Company GUO N PINE ISLAND RD Address Address Address Address Address Address Address Address Address For further information concerning this matter, please call: ADRIENUE BAFRSON Name of Person at 561 542 4704 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S130.00 Filing Fee & Certificate of Status} & \text{Certified Copy} (additional copy is enclosed) \text{Mailing Address} Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Tallahassee, Fl. 32314 \$\text{Street/Courter Address} Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle}		The enclosed Articles of Organiza	ation and fee(s) are s	submitted for filing.			
FINE MARKETING SOLUTIONS, LLC Firm/Company GOO N PINE ISLAND RD STE 450 Address Address 33324 City/State and Zip Code Abgerson Address: (to be used for futury annual report notification) For further information concerning this matter, please call: ADRIEUNE BAERSON at 560 Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filling Fee Secrificate of Status Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STreet/Courier Address Registration Section Division of Corporations Clifton Building Clifton Building Caption Section Clifton Building Caption Section Clifton Building Clifton Building Caption Section Clifton Building Clifton Building Caption Section Caption S		Please return all correspondence of	concerning this matte	er to the following:			
Firm/Company GOO N PINE ISLAND RD Address PANTATION, FL City/State and Zip Code Abgerson Afremarketing Solutions, Lom E-mail address: (to be used for future) annual report notification) For further information concerning this matter, please call: ADRIEUNE BAERSON Name of Person at (56) 542 - 4704 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)} \text{\$\text{\$Mailing Address} \text{\$Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314} \text{\$\text{\$SITEM/Courier Address} \text{\$Center Circle} \text{\$\text{\$Center Circle}} \$\text{\$		ADRIEN	INE BA	ERSON) Name of Person			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FINE MARKETING SONUTIONS, LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil	ity Company is:
Principal Office Address: Mailing Address:	
GOON PINE ISLAND RO GOON, PINE ISLAND FLANTATION, FL 33324 PLANTATION, FL 33324	Ro E
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
JASON FINE	
Name	
7748 N.W. 112TH WAY	
Florida street address (P.O. Box NOT acceptable)	
YARK LA NO FL 33076 City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter	ppointment as provisions of all niliar with and
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Registered Agent's Signature (REQUIRED)	SECRETAR VISION OF C
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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" = Mana "MGRM" = Ma	nger naging Member	Name and Address:	
MGR		JASON FINE 1748 N.W. 712TH PLADIATION, FL 33010	
(Use attachment	t if necessary)		
ARTICLE V: Effective (If an effective date is litto or 90 days after the d	sted, the date must be sp	te of filing: (pecific and cannot be more than five bu	OPTIONAL) isiness days prior
<u>REQUIRED</u> SI	IGNATURE:		
	(In accordance with section	an authorized representative of a member. n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)	
		FINE or printed name of signee	
Filing Fees	<u> </u>	-	09

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DIVISION OF CORPORATIONS