109000082857

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
L.	SELLERS
	ALIG 9 7 2000

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EXAMINER



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PROPERTY OF STA

COVER LETTER

TO:	Registration Division of C		•
SUBJI	ECT:	BEST SO	LUTIONS REALTY LLC
-	-	Name of Limi	ited Liability Company
The en	closed Articles	of Organization and fee(s) are	e submitted for filing.
Please	return all corres	pondence concerning this ma	atter to the following:
		MARK	ROWAN ABRAHAM
			Name of Person
		BEST SO	LUTIONS REALTY LLC
			Firm/Company
		1375	GATEWAY BLVD
			Address
		BOYNT	ON BEACH FL 33426
			ity/State and Zip Code
-		BESTSOLUTI E-mail address: (to be used	ONSREALTY@GMAIL.COM for future annual report notification)
For fur	ther information	concerning this matter, pleas	se call:
		N ABRAHAM	at (561) 633-7626 Area Code & Daytime Telephone Number
	Name	or reison	Area Code & Dayume Telephone Plantou
Enclos	sed is a check f	or the following amount:	
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
	ONS REALTY LLC
(Must end with the words "Limit	ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1375 GATEWAY BLVD	1375 GATEWAY BLVD
BOYNTON BEACH FL	BOYNTON BEACH FL
33426	33426
The name and the Florida street address of MARK RO	f the registered agent are: DWAN ABRAHAM Name
1275 (ATEWAY BLVD
	is (P.O. Box NOT acceptable)
	1,FL 33426
	State, and Zip
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position and accept the obligations of my positions are accept the obligations of my position and accept the obligations of my position and accept the obligations of my position accept the obligations of my positions accept the obligations accept the obligations of my positions accept the obligations accept the obl	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature (REQUIRED)

(CONTINUED)

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Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGR	MARK ROWAN ABRAHAM 1375 GATEWAY BLVD BOYNTON BEACH FL 33426
	
(Use attachment if nec	essary)
CLE V: Effective date, i effective date, the	f other than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days p
CLE V: Effective date, i	f other than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days p filing.)
CLE V: Effective date, i effective date to listed, the days after the date of REQUIRED SIGNAT	f other than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days p filing.)
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNATION Signs (In according to the date of the effective date.	f other than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days partially.) TURE:
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNATION Signs (In according to the date of the effective date.	f other than the date of filing: (OPTIONAL) he date must be specific and cannot be more than five business days p filing.) TURE: cture of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNATION Signs (In according to the date of the effective date.	f other than the date of filing: (OPTIONAL) he date must be specific and cannot be more than five business days p filing.) TURE: cture of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury he facts stated herein are true.)

of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)