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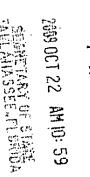
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. CLINE

OCT 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LU		TOPISES SOLU	h, UC.
The enclosed Articles of C	Organization and fee(s) are su	abmitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
B	tian J. Ly	Alow Name of Person	
Lud	110W Enter	OriSCS Firm/Company	
336	Savannal	Holly Lane	
San	Ford, FL City	33171 State and Zip Code	
160	<u>Oludlower</u>	Herorises, Confuture annual report notification)	
For further information con	ncerning this matter, please of	· ·	22 A 5
Name of		at (<u>33)</u> <u>330- 0</u> Area Code & Daytime Telepl	
Enclosed is a check for t	the following amount:		-
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Cir	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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 Liability Company is	s:
Principal Office Address: Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Drian 1. Ludlow Name Name	700
Florida street address (P.O. Box NOT acceptable) Sanford, FL 32771 City, State, and Zip	

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

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

(CONTINUED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Brian J. Ludlou 326 Savannah Holl Sanford. FL 32771		ine.	
		PI PI	7685 OC	چا دھ ا
(Use attachment if necessary)		5 T 7 7 5 T 5 T 5 T 5 T 5 T 5 T 5 T 5 T	T 22 A	The same of the sa
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be spot or 90 days after the date of filing.)		(OPTIO usiness	2-7 /	rior
REQUIRED SIGNATURE:				
7	r an authorized representative of a member.			
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury a are true.)	,		
	J. Ludlow d or printed name of signee			
Filing Fees:				
\$125.00 Filing Fee for Articles of Organiz	ation and Designation			

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)