# L09000117914

(Requestor's Name)
(Address)
A.1.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
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SECRETARY OF STATE

C. LEWIS

DEC // JM/
EXAMINER

# **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Busin	ess Solutions, LLC	
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		Borys Zhalilo Name of Person	
		Name of Person	
<del></del>	Busine	ess Solutions, LLC	
		Firm/Company	
	543	Apple Creek Dr.	
		Address	
		sonville, FL 32218	
	Cit	ty/State and Zip Code	
	bz@	solutions2b.com for future annual report notification)	
	·	•	
For further information	on concerning this matter, please	e call:	
	aidulova-Babko	at ( 904 ) 477-7872	-
Nan	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
	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	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2009

BORYS ZHALILO / BUSINESS SOLUTIONS, LLC 543 APPLE CREEK DR. JACKSONVILLE, FL 32218

SUBJECT: BUSINESS SOLUTIONS, LLC

Ref. Number: W0900053119

We have received your document for BUSINESS SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis

Regulatory Specialist II Registration/Qualification Section

Letter Number: 209A00037270

# DAVID R. FLETCHER, P.A.

#### Counselor at Law

Bar Designated: Immigration/Naturalization

Criminal Law

W09-531199

#### FAX TRANSMITTAL FORM

DATE:

December 10, 2009

FAX #: 850-245-6030

TO:

Ms. Brenda Tadlock

RE:

Solutions2b, LLC

COMMENTS: Ms. Tadlock, Here are the revised filing documents for Business Solutions,

LLC. The new name is Solutions2b, LLC. Let me know if you have any questions. Thank

you.

Rebecca Black, Attorney with David R. Fletcher, P.A.

## PAGE (S) INCLUDING COVER SHEET: 4

The information contained in this facsimile is attorney privileged and confidential Information, intended only for the use of the individual or entity named above. This is PERSONAL AND CONFIDENTIAL INFORMATION TO THE ABOVE NAMED ONLY.

If you have received this communication in error, have any questions or if this transmittal is incomplete, please call as soon as possible at (office) 904-356-5311 or (FAX) (904) 356-2104

# **COVER LETTER**

	ion Section of Corporations	
SUBJECT:	s	olutions2b LLC
	Name of Limi	ted Liability Company
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this mat	ter to the following:
	·	Borys Zhalilio
•		Name of Person
*****	Sc	olutions2b LLC
		Firm/Company
	543	Apple Creek Dr.
	<i>"</i>	Address
	Jacks	sonville, FL 32218
		ty/State and Zip Code
		or future annual report notification)
- 4		
For lutther informa	ation concerning this matter, pleas	e cail:
	Baidulova-Babko	at ( 904 ) 477-7872
1	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
	Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 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 1 - Name: The name of the Limited	Liability Company is:		
	Solutions2b	LLC	
(Must and w	ith the words "Limited Liabilit	ty Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and		ncipal office of the Limited	l Liability Company is:
Principal Office Address:		Mailing Address:	
543 Apple Creek Dr. Jacksonville, FL 32218		543 Apple Creek Dr. Jacksonville, Fl. 32218	
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida The name and the Florida	cannot serve as its own Registe orida registration.)		ent's Signature: individual or another  TALLAHASS
		. Black	超日二
C/o David R. Fletcher, PA 541 E. Monroe St. St  Florida street address (P.O. Box NOT acceptable)  Jacksonville, FL 32202 FL  City, State, and Zip		ARY OF STATE	
liability company at t registered agent and agr statutes relating to the	he place designated in the ree to act in this capacity proper and complete pe	accept service of process for his certificate, I hereby acce v. I further agree to comply rformance of my duties, and stered agent as provided for	pt the appointment as with the provisions of all I I am familiar with and

(CONTINUED)

Registered Atent's Signature (REQUIRED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or I The name and address of each M	Managing Member(s):  Manager or Managing Member is as follows: SECRETARY OF ST ALLAHASSEE, FLO Name and Address:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Borys Zhalilo Solutions2b, LLC, 543 Apple Creek Dr. Jacksonville, FL 32218
(Use attachment if necessary)	
FICLE V: Effective date, if other than effective date is listed, the date may be a filing.)	an the date of filing: (OPTIONAL) rust be specific and cannot be more than five business days pri
REQUIRED SIGNATURE	Somethod wavescutative of a marrhay
(In accordance w of this documen	nember or an authorized representative of a member.  vith section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penaltics of perjury ted herein arc true.)
R	Rebecca Black for Borys Zhalillo Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)