

L10000007540

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2010 JAN 20 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JAN 21 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2010

JACQUELIN DOURA / SUPREME CALL SOLUTIONS  
6141 NW 34TH WAY  
FT. LAUDERDALE, FL 33309

SUBJECT: SUPREME CALL SOLUTIONS LLC  
Ref. Number: W10000001242

We have received your document for SUPREME CALL 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 registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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: 710A00000856

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Supreme Call Solutions**  
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:

Jacquelin Doura  
Name of Person

Supreme Call Solutions  
Firm/Company

6141 NW 34th Way  
Address

Fort Lauderdale FL, 33309  
City/State and Zip Code

jacquedoura@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelin Doura at ( 954 ) 918-0855  
Name 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 & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

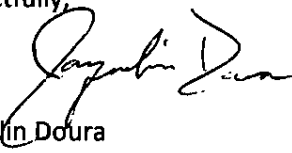
**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom it may concern,

I have enclosed a return package envelope of 2 day delivery to expedite this process. If there are any questions or concerns, I would appreciate you contacting me @ (954)918-0855

Respectfully,



Jacqueline Doura

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Supreme Call Solutions 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 Liability Company is:

**Principal Office Address:**

**Mailing Address:**

6141 NW 34th Way  
Fort Lauderdale FL, 33309

6141 NW 34th Way  
Fort Lauderdale FL, 33309

**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:

Jacquelin Doura

Name

6141 NW 34th Way

Florida street address (P.O. Box **NOT** acceptable)

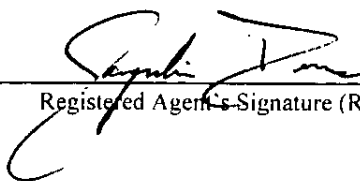
Ft. Lauderdale 33309 FL

City, State, and Zip

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*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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

Jacquelin Doura MGR

6141 NW 34th Way

Fort Lauderdale FL, 33309

Nathalie Doura MGRM

6141 NW 34th Way

Fort Lauderdale FL, 33309

Kelli Ann Jumpp MGRM

6141 NW 34th Way

Ft Lauderdale, FL, 33309

Edelyne Doura MGMB

6141 NW 34th Way

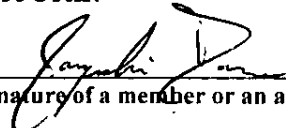
Fort Lauderdale FL, 33309

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jacquelin Doura

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)