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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

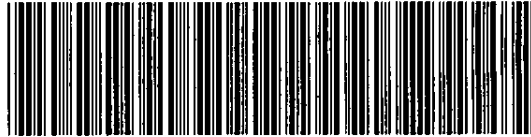
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Mar 3, 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCURITY SOLUTION LLC
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:

CHRISTOPHER M. HOURIGAN

Name of Person

Firm/Company

8801 WELLESLEY COURT

Address

ODESSA, FL 33556

City/State and Zip Code

chourigan@accuritysolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER M. HOURIGAN

Name of Person

at (**813**) **789-9188**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2010

CHRISTOPHER M. HOURIGAN
8801 WELLESLEY COURT
ODESSA, FL 33556

SUBJECT: ACCURITY SOLUTION LLC
Ref. Number: W10000009117

We have received your document for ACCURITY SOLUTION 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):

Our records reflect you have previously established a limited liability company by this name. If you are trying to establish another limited liability company, you must select a different name, amend the enclosed documents to reflect the new name, and resubmit the enclosed document(s) to our office for filing. If you are trying to file the Annual Report for the pre-established limited liability company, please respond to this letter, ask us to abandon this filing, and request a refund. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Effective January 1, 2009, all Annual Reports must be submitted online. To file the Annual Report for the pre-established limited liability company, simply go to our website, www.sunbiz.org, and click on the blue box entitled "File the Annual Report or Amended Annual Report Here," which is located in the middle of the page. Next, enter the limited liability company's Florida document number in the appropriate box and click the "submit" button. Annual Report payments can be made by credit card, debit card, or by check or money order. For credit card and debit card processing allow 2-3 days; if paying by check or money order allow 3-5 weeks. An Annual Report will be processed and posted after the credit card or debit card payment is confirmed or when the check or money order and the required payment voucher are received and processed by our office. All payment options will display after you complete and submit your Annual Report online.

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

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00004452

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCURITY BUSINESS 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:

8801 WELLESLEY COURT
ODESSA, FL 33556

Mailing Address:

8801 WELLESLEY COURT
ODESSA, FL 33556

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:

CHRISTOPHER M. HOURIGAN

Name

8801 WELLESLEY COURT


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

ODESSA, FL 33556 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)

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SECRETARY OF STATE
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:

MGR

CHRISTOPHER M. HOURIGAN

8801 WELLESLEY COURT

ODESSA, FL 33556

(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.)

Christopher M. Hourigan

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)