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SECURE LARGE OF STATE
SECURE LARGE FLORIDA

COVER LETTER

TO:	Registration S Division of Co						
SUBJECT: Advanced Detail 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:							
	Albert G Lehocky Jr						
	Name of Person						
	Firm/Company						
	724 Cordova Grns						
			Address				
	Largo FL 33777						
City/State and Zip Code							
Allehocky@yahoo.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	•						
Albert G Lehocky Jr at (727) 6863519							
	Name	of Person	Area Code & Daytime Telep	bhone Number			
Enclo	sed is a check for	or the following amount:					
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	ircle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability (Company is:	
	ail Solutions LL	C. s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		ress of the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
724 Cordova Grns		724 Cordova Grns	
Largo FL 33777		Largo FL 33777	
(The Limited Liability business entity with a	Company cannot serve a an active Florida registrat	dress of the registered agent are:	FILED HAR -3 PM 12: 3 vidual GALLAHASSEE, FLORI
	724 Cordova (Crne	2: 3 LOA LOA
		orida street address (P.O. Box <u>NOT</u> acceptable)	DA TE
	Largo	FL 33777	
		City, State, and Zip	
liability comp registered agent statutes relatin	pany at the place de and agree to act in ig to the proper and	agent and to accept service of process for the esignated in this certificate, I hereby accept to this capacity. I further agree to comply with a complete performance of my duties, and I assition as registered agent as provided for in Complete.	the appointment as th the provisions of all um familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** John R Jablon Jr 9100 90th ave N Seminole Fi 33777 MGR Albert G Lehocky Jr 724 Cordova Grns Largo FL 33777 (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.) Albert G Lehocky Jr Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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