L10000025004

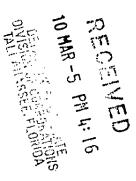
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
, (Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



300170818753

03/08/10--01002--009 **125.00



B. KOHR
MAR - 5 2010

EXAMINER



COVER LETTER

		tration So	ection rporations	,		
SUBJEC	CT: _	Ame	Name of Lin	う ì imite	ne Solutions ed Liability Company	
The enclo	osed A	articles of	Organization and fee(s) a	are s	submitted for filing.	ONASS
Please ret	turn a	ll correspo	ondence concerning this n	natte	er to the following:	E 3
		IN IN	Banks	'e		5
_		<u> </u>	Dan		Name of Person	ONISION OF CO. P. W. WO
_					Firm/Company	_ 6
		£ Q	0 1/ 00 -	<u> </u>		
_	· 	120	18 Masion		Address	
			11	- 1		
		101	latessee F	City	- y/State and Zip Code	
		ban	ksely@9	m	y/State and Zip Code all Com or future annual report notification)	
			E-mail address: (to be us	ed fo	or future annual report notification)	
For furthe	er info	rmation c	oncerning this matter, ple	ease	call:	
Z	£1.4	Name o	f Person		at (815) 567-7407 Area Code & Daytime Telephone Number	
Enclosed	i is a	check for	r the following amount:	:		
] \$125.00) Filir	ig Fee [\$130.00 Filing Fee & Certificate of Status		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	&
			Mailing Address Registration Section Division of Corporation	ns	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Mana	er Raina Mambar	Name and Address:
MGRM	—	F14 Baks 1588 Marron Ct. Tallahissee F1 32503
	_	
	-	
	- ·	· · · · · · · · · · · · · · · · · · ·
Use attachment is	f necessary)	
LE V: Effective d fective date is listed days after the date	ate, if other than the ed, the date must be te of filing.)	date of filing: (OPTION e specific and cannot be more than five business d
LE V: Effective d fective date is listed days after the date REQUIRED SIG	late, if other than the ed, the date must be te of filing.)	date of filing: (OPTION expecific and cannot be more than five business described and cannot be more than five busines
LE V: Effective d fective date is listed days after the date REQUIRED SIG	late, if other than the ed, the date must be te of filing.) ENATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member. stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
fective date is listed days after the date of the date	late, if other than the ed, the date must be te of filing.) ENATURE: Signature of a member of this document const that the facts stated here	r or an authorized representative of a member. stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury