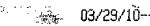
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(Requestor's Name)				
(Address)				
(Ad	dress)			
(6:4	101-1-17: (Dl	- 40		
(Cit	y/State/Zip/Phone	? #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
O-wife d O-vie-	0-46-4-	-10-1		
Certified Copies	_ Centificates	or Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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C. LEWIS

MAR 3 0 2010

EXAMINER

COVER LETTER

Division of Cor	rporations		·
SUBJECT: F/C	/ · · · · · · · · · · · · · · · · · · ·	NCE Solution	<u>s</u>
·	Name of Limite	ed Liability Company	
			مسر
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	~ .
Please return all correspo	ondence concerning this matt	er to the following:	
LADON	ina GraitAm	Name of Person	
	-	Name of Person	٠.
FLORI	DA BALANCE	Solutions	
	~ .	Firm/Company	
549	Sienna Dr.		
)		Address	
Kissi	immee FL	34759 y/State and Zip Code	
_	City	y/State and Zip Code	
LAD	101NA 5040 A	OL. COM	1
	E-mail address: (to be used f	or future annual report notification)	
For further information of	concerning this matter, please	call:	÷
LADONNA	GRAHAM	at (813) 928	-2504
. Name o	of Person	Area Code & Daytime Teler	onone Number
Enclosed is a check for	r the following amount:		ì,
□\$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

The name of the Limited Liability Company is:	
FLORIDA BALAW CIF (Must end with the words "Limited Liability	Solution LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
549 Sienna Dr. Kissimmee, FL 54759	SAME.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
LA Sonna GA.	ZAILAM LEGETS
549 Jenna Florida street adde	ress (P.O. Box NOT acceptable)
Missimmee	-FL FC 34759
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all
	formance of my duties, and I am familiar with and lered agent as provided for in Chapter 608, F.S
Al Donna Registered Agent's Signatu	Daham re (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

The name and address of each Mans		
THE HAIRE AND ADDIESS OF EACH MAIN	ager or Managing Member is as follows:	2010 MAR 29 PM &
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF ST.
MGR	LA Donne GRAHAM 549 Slenna	<u>3475</u> 9
MGR_	Joe Lacenedza 549 Sienna Dr	31259
MBR	Stele Love: 6139 KREJSON: Oal	<u>(5/1</u> /185
		<u> </u>
(Use attachment if necessary)	; ;	
	, I	(OPTIONIAL)
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five	. (OPTIONAL) business days prior
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five	, ,
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:		business days prior

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)