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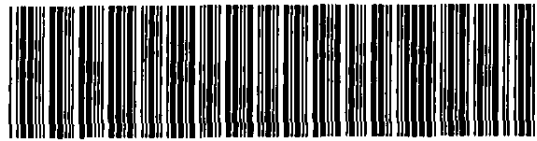
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2010

MICHAEL DILJOHN
3149 JOHN P. CURCI DRIVE BAY #3
PEMBROKE PINES, FL 33009

SUBJECT: SOLUTION MANAGEMENT GROUP LLC
Ref. Number: W10000013599

We have received your document for SOLUTION MANAGEMENT GROUP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00006722

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10 APR 15 AM 11:38
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLUTION MANAGEMENT GROUP "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:

MICHAEL DILJOHN

Name of Person

SOLUTION MANAGEMENT GROUP "LLC"

Firm/Company

3149 JOHN P. CURCI DRIVE BAY #3

Address

PEMBROKE PARK FLORIDA 33009

City/State and Zip Code

michaeldiljohn@hotmail.com

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

For further information concerning this matter, please call:

MICHAEL DILJOHN

Name of Person

at (954)

687-3778

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solution Resource Management Group, LLC

~~SOLUTION MANAGEMENT GROUP "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:

3149 JOHN P. CURCI DRIVE BAY #3
PEMBROKE PARK FLORIDA
33009

Mailing Address:

SAME

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:

MICHAEL DILJOHN

Name

8842 SW 3RD ST UNIT #201

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

PEMBROKE PINES

FL 33025

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Michael Diljohn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MICHAEL DILJOHN "MGR"

8842 SW 3rd ST. UNIT #201

PEMBROKE PINES FLORIDA

33025

NORGE ARNAIZ "MGR"

3149 JOHN P. CURCIE DRIVE BAY #3

PEMBROKE PARK FLORIDA.

33009

TAMEKA GRAY "MGR"

8842 SW 3rd ST UNIT # 201

PEMBROKE PINES FLORIDA

33025

(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.)

MICHAEL DILJOHN

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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)