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DIVISION OF CORPORATIONS

P.01

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Florida Department of State  
Division of Corporations  
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(((H10000116894 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Strong Connections LLC**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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H100001168943

*Strong Connections LLC*

3673 15<sup>th</sup> Ave SE

Largo, FL 33771

Phone (727) 644-7253

Fax (727) 466-9830

StrongConnectionsLLC@yahoo.com

May 13, 2010

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter of Consent

To whom it may concern:

I am the holder of the name Strong Connections Inc. in the State of Florida.

I now wish to incorporate the name Strong Connections LLC in Florida. I hereby consent to allow Business Filings Incorporated to use the name for incorporating purposes.

Sincerely,

Signature: *Arlene M. Lewis*

Name: Arlene M. Lewis

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FAX AUDIT # **H10000116894 3**

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**ARTICLES OF ORGANIZATION  
OF  
Strong Connections LLC**

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the limited liability company shall be: Strong Connections LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
2159 Alicia Dr, Apt. A, Clearwater, Florida 33763.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and  
address of the manager of the Limited Liability Company is:  
Arlene Lewis, 2159 Alicia Dr, Apt. A, Clearwater, Florida 33763



Date: May 14, 2010

Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

FAX AUDIT # **H10000116894 3**

**FAX AUDIT # H10000116894 3**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Strong Connections LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: \_\_\_\_\_

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: May 14, 2010

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TALLAHASSEE, FLORIDA

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