

May 25 2010 3:33PM

Division of Corporations

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

From:

Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350000541
Phone : (813) 875-1333
Fax Number : (813) 875-2703

L. SELLERS

MAY 25 2010

EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Foliar Solutions, LLC

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Audit # H10000123642
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Follar Solutions, LLC

The mailing address and street address of the Limited Liability Company are:

**11900 Glen Ave.
Fort Myers, FL 33905**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**11900 Glen Ave.
Fort Myers, FL 33905**

and the name of its registered agent at such address is:

Mark White

ARTICLE VI
Management

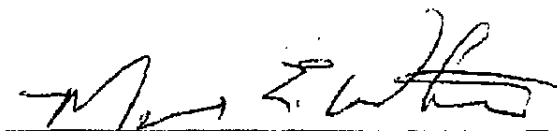
This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

Name and Address

**Mark White, Managing Member
11900 Glen Ave.
Fort Myers, FL 33905**

Dated: Tuesday, May 25, 2010


Mark White

Audit # H10000123642

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ACCEPTANCE BY REGISTERED AGENT

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.

Date: May 25, 2010


Mark White

Audit # H10000123642