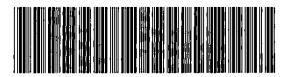
# L1000007709/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUL <b>2 2</b> 2010
EXAMINER

Office Use Only



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BORDIARY OF STATE

# **COVER LETTER**

	istration Section sion of Corporations	
SUBJECT:	VIC SOLUTIONS, LLC.	
bebaber.	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:	
	Steven R. Jensen	_
	Name of Person	
	VIC SOLUTIONS, LLC.	_
	Firm/Company	
6041 Siesta Lane		
	Address Em	
	6041 Siesta Lane  Address  Port Richey, FL 34668	_ 4
City/State and Zip Code		_
	City/State and Zip Code  Sjensen@optimacorp.com  E-mail address: (to be used for future annual report notification)	_ (
r 641 !	A T	
For further in	formation concerning this matter, please call:	
	Steven R. Jensen at ( 727 ) 835.1055x210	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is	a check for the following amount:	
<b>∕</b> ]\$125.00 Fil	ing Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$\$155.00 Filing Fee & \$\int_\$\$\$\$\$\$\$\$\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

1, 1, 1, 1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

And the property of the magnifical property of

<b>ARTICLE I - Name:</b> The name of the Limited Liability Com	pany is:		
VIC SOL	UTIONS, LLC.		
	ited 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:	Mailing Address:		
6041 Siesta Lane	6041 Siesta Lane		
Port Richey, FL 34668	Port Richey, FL 34668		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	' (Pri'		
Ste	ven R. Jensen  Name  R. Jensen  R		
	Name ORIGE 5		
604	11 Siesta Lane		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)		
Port Richey, FL	34668 <sub>FL</sub>		
Ciț	y, State, and Zip		
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..

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:
MGRM	Steven R. & Rita A. Jensen (TBTE) 6041 Siesta Lane Port Richey, Fl. 34668
MGRM	SRJ DYNASTY TRUST, u/a/d 07/01/09 6041 Siesta Lane Port Richey, FL 34668
	ALL AHASS
(Use attachment if necessary)	PA IS: 5
CLE V: Effective date, if other than the date effective date is listed, the date must be spontaged after the date of filing.)	te of filing: August 1, 2010 (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	r 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.)

Steven R. Jensen

Typed or printed name of signee

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)