## L11000015684

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Be	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 STR -1. DM 1: SO

N. Cuttigen FEB - 7 2011

## **COVER LETTER**

TO: Registration Sec Division of Corp			
Karma	Financial Soluti	one	
SUBJECT: Narma	Financial Soluti	ed Liability Company	***************************************
The enclosed Articles of (	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
George W	. Russell III		
· · · · · · ·		Name of Person	
		Firm/Company	
11 Kristine	Drive	····	
		Address	
Sorrento, Flo		(C	
george376@		ty/State and Zip Code	
<u>g,g,-</u>		for future annual report notification)	
For further information co	oncerning this matter, please	e call:	
George W. Russe	H 111	at (407 ) 221-8724	
Name of	Person	Area Code & Daytime Telep	shone 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 C	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of t	he Limited Liability Company is:
Karma F	inancial Solutions 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:	Mailing Address:		
11 Kristine Drive		11 Kristine Drive		
Sorrento, Florida 3	32776	Sorrento, Florida 32776	<del></del>	
		, Registered Office, & Registered Agent's Sign		
(The Limited Liability C business entity with an		as its own Registered Agent. You must designate an individual o	r another	
The name and the	Florida street add	dress of the registered agent are:		SIVIO 3S
	George W. Russell III			<b>2</b> €
		Name	1	워콧
	11 Kristin	e Drive	32	COR COR
	FI	orida street address (P.O. Box NOT acceptable)	-354	503 F. S
	Sorrento	<sub>FL</sub> 32776	50	A
		City, State, and Zip	<u> </u>	<b>9</b>
				- <del>-</del>

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma	mager	Name and Address:
	Managing Member	
George W. Rus	sseli III	11 Kristine Drive
		Sorrento, Florida 32776
<del> </del>	•	
<del></del>		
		<del></del>
(Use attachm	ent if necessary)	•
RTICLE V: Effect	ive date, if other than the d	late of filing: 2/1/2011 (OPTIONAL)
f an effective date is or 90 days after th		specific and cannot be more than five business days prior
or 20 days after th	e date of ming.	
REQUIRED	SIGNATURE:	SECRETARY OF CHARACTER -L
	Signature of a member	or an authorized representative of a member.
co. I a	nstitutes an affirmation under t m aware that any false informa	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	George W. Rus	
	Type	ed 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)