

L11000045960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 18 AM 8:50

FILED

C. LEWIS  
APR. 19 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2011

CAROLINE LARSON  
LARSON ACCOUNTING & CONSULTING SERVICES  
8810 COMMODITY CIR STE 17  
ORLANDO, FL 32819

SUBJECT: OLIVE TREE SOLUTIONS, LLC  
Ref. Number: W11000011949

We have received your document for OLIVE TREE SOLUTIONS, LLC and your check(s) totaling \$125.00. 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.**

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 311A00005154

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLIVE TREE SOLUTIONS, 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

8810 COMMODITY CIR STE 17

Address

ORLANDO / FL 32819

City/State and Zip Code

LARSON\_CAROLINE@YAHOO.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON at ( 407 ) 370-3686  
Name of Person 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

March 20  
2011 APR 18 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

**REF:Letter Number: 311A00005154**  
**OLIVE TREE SOLUTIONS, LLC**  
**Document Number: L07000120116**

**TO WHOM IT MAY CONCERN:**

I Luiz Wagner O Mestrinho, have no INTENTION OF REINSTATING  
the Administratively Dissolved Corporation.  
I want to file a new corporation with the SAME NAME

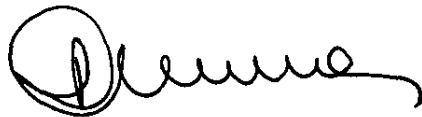
OLIVE TREE SOLUTIONS, LLC

**Document Number**

W11000011949

**Address**

8213 Rolla Ct., Orlando, FL 32836



LIS R. OLIVEIRA

If you need any further information, you may contact me at (407) 370-3686.

Thank You!

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OLIVE TREE 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:**

8213 ROLLA CT  
ORLANDO, FL 32836

**Mailing Address:**

8213 ROLLA CT  
ORLANDO, FL 32836

**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:

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Name

8810 COMMODITY CIR STE 17

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


ORLANDO / FL 32819 FL

City, State, and Zip

2011 APR 18 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

LIS R OLIVEIRA

8213 ROLLA CT

ORLANDO, FL 32836

MGR

LUIZ WAGNER O MESTRINHO

8213 ROLLA CT

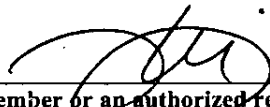
ORLANDO, FL 32836

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

\_\_\_\_\_  
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)**