LIMMULAGESHO

(Re	questor's Name)			
(Ad	(Address)			
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PICK-UP	WAIT	· MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·		
Certified Copies	_ Certificates	s of Status		
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D. BRUCE

JUN 07 2011

EXAMINER

COVER LETTER

•	Division of Corporations	
	SUBJECT: FIRST COAST INFORMATION TECHNOLOGY SOLUMENT Name of Limited Liability Company	itions, LLC
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	BENJAMIN J LEWIS Name of Person	
	FIRST COAST IT SOLUTIONS, LLC.	
	3038 ANASTASIA BLVD SUITE 2544	
	ST. AUGUSINE FL 32080	
	ST. AUGUSINE, FL 32080 City/State and Zip Code benjamin ilewis 1 agmail. com E-mail address: (to be used for future definual report notification)	Employation
	For further information concerning this matter places will.	J
	BENJAMIN LEWIS at (904) 687-0128 Area Code & Daytime Telephone Number	
,	Enclosed is a check for the following amount:	
7)-	\$125.00 Filing Fee \$\ \$130.00 Filing Fee & \$\ \$155.00 Filing Fee & \$\ \$160.00 Filing Fee, \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	K	${\Bbb C}{f I}$	Æ	. I	_	N	a	m	e	:
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The name of the Limited Liability Company is:

FIRST		NFOR MATION e words "Limited Liability Compa		by DUTIONS, LLC
ARTICLE II - The mailing ad		et address of the principal	office of the Limited	l Liability Company is:
Principal Offic	ce Address:	<u>Maili</u>	ing Address:	

rincipal Office Address:	<u>Malling Address:</u>	
303 B ANASTASIA BLVD SUITE 2544	303 B ANASTASIA BLVD	
ST. AUGUSTINE FL	ST. AUGUSTINE FL	
32080	32080	
The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the re BENJAMIN J Name 303 B ANASTASI	egistered agent are:	F .
Florida street addr	ress (P.O. Box NOT acceptable)	
C1 AllistialE	m 20.090	

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..

City, State, and Zip

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	BENJAMIN J. LEWIS 303 B ANASTASIA BLUD SUITE 2544
MGR	ST. AUGUSTINE, FL 32080 JEREMY N. LEWIS 303 B ANASTAYA BUD SUITE 2544 ST. AUGUSTINE, FL 32080
(Use attachment if necessary) ARTICLE V: Effective date, if other th (If an effective date is listed, the date n to or 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Beny Signature of a 1	member or an authorized representative of a member.
constitutes an affirmatio I am aware that any falso	ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
BENJ	AMIN J. LEWIS Typed or printed name of signee
Filing Fees:	ASSERY ASSER
\$125.00 Filing Fee for Articles o of Registered Agent	f Organization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)