# L11000006869

(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:  WII- 29694
<b>A. LUNT</b> JUN - 8 200°
EXA Wiffde Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2011

DEE HENNING 126 D BLUE HERON DRIVE DAYTONA BEACH, FL 32119

SUBJECT: STRATEGIC OPERATING SOLUTIONS, LLC

Ref. Number: W11000029694



We have received your document for STRATEGIC OPERATING SOLUTIONS, LLC and your check(s) totaling \$160.00. 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.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 311A00013273

## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Strategic Operating S	Solutions, LLC
30B0EC1	nited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing
Please return all correspondence concerning this m	-
rease return an correspondence concerning this in	atter to the following.
Dee Henning	Name of Person
Strategic Operation Solu	tions, LLC
	tions, LLC Firm/Company
126 D Blue Heron Drive	in the second
	Address
Daytona Beach, Florida 321	19 3 3
	City/State and Zip Code
sosmoss@att.net  E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	•
·	
Dee Henning  Name of Person	at ( 386) 788-3900
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Silfont 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section  Solution of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Date:

6/7/11

To:

Florida Department of State, Division of Corporations

Agnes Lunt

Regulatory Specialist 11

Reference:

Letter #311A0013273

Dear Agnes Lunt,

This letter is to inform the Florida Department of State by letter I have no intention of reinstating the corporation Strategic Operating Solutions, Incorporated of Daytona Beach, Florida. Please release the name of Strategic Operating Solutions, Incorporated for use by another entity.

Thank you,

Janice M. Rodgers-Henning

President,

Strategic Operating Solutions, Incorporated

2011 JUN -6 AM 9: 32

**Registration Section** 

TO:

## **COVER LETTER**

Division of Carp	orations			
SUBJECT. Stratea	ic Operating Sol	utions, LLC		
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspon	dence concerning this matte	er to the following:		
Dee Henni	ing			
		Name of Person		
Strategic C	Operation Solution	ons, LLC		
<del></del>	<del></del>	Firm/Company		
126 D Blue	Heron Drive		201	
		Address	300	
Daytona Bea	ach, Florida 32119	9	Control I	7
<u></u>	City	//State and Zip Code	77.	**************************************
sosmoss@at				_ 1
		or future annual report notification)	င္သ	
For further information co	nceming this matter, please	call:		
Dee Henning		at ( 386 ) 788-3900		
Name of	Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee. FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Strategic Operating 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: Mailing Address: Principal Office Address:

126 D Blue Heron Drive 126 D Blue Heron Drive Daytona Beach, FL 32119 Daytona Beach, FL 32119

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:

Dee Henning

Name

126 D Blue Heron Drive

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

Daytona Beach

FL 32119 City, 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 (RHQUIRED)

(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:

d Address:	Title:
	"MGR" = Manager "MGRM" = Managing Member
ng	MGRM
Heron Drive	
each, FL 32119	
dgers-Henning	MGRM
e Heron Drive	
each, FL 32119	
	والمستعمل والمراض المراجع والمعار والمساور المستعمل والمستعمل والمستعم والمستعمل والمستعمل والمستعم والمستعمل والمستعمل والمستعمل والمستعمل والمستعمل والمست
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دى ـ <u>. :</u> وو ـ : :	
	(Use attachment if necessary)
(OPTION:	LEV: Effective date, if other than the
cannot be more than five business day	ffective date is listed, the date must be
(OF cannot be more than five busin	(Use attachment if necessary)  LE V: Effective date, if other than the flective date is listed, the date must be 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.)

#### Dee Henning

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)