

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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EXAMINER



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Virtual Processing 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:		
the registered agent are:		4cis.A
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Name	S S	1
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eet address (P.O. Box NOT acceptable)		المسابا
_{FL} 32806	4 P	
ty, State, and Zip	<u> </u>	
	tered Office, & Registered Agent's Registered Agent. You must designate an individ The registered agent are: Name Court et address (P.O. Box NOT acceptable) FL 32806	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: Name Court et address (P.O. Box NOT acceptable) FL 32806

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 action 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James T. Gibson 2873 Marsala Court Orlando, FL 32806
(Use attachment if necessary)	
	the date of filing: 7/20/2011 . (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE. Signature of a met	nber of an authorized representative of a member.
constitutes an affirmation u l am aware that any false in	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in 3.817.155, 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)