

L11000097648

Requestor's Name

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

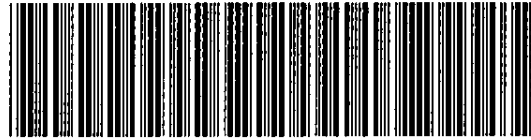
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/11--01022--010 **125.00

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2011 AUG 24 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 25 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2011

LAWRENCE D. WINSON, ATTORNEY AT LAW
140 4TH AVE WEST
SUITE 102
HENDERSONVILLE, NC 28792 US

SUBJECT: SAFE HARBOR BUSINESS SOLUTIONS, LLC
Ref. Number: W11000041598

We have received your document for SAFE HARBOR BUSINESS 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 011A00018698

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFE HARBOR BUSINESS 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:

Lawrence D. Winson

Name of Person

Lawrence D. Winson, Attorney At Law

Firm/Company

140 4th Avenue West, Suite 102

Address

Hendersonville, NC 28792

City/State and Zip Code

winsonlaw@winsonlaw.com

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

For further information concerning this matter, please call:

Lawrence D. Winson

Name of Person

at (**828**) **693-4939**

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

LAWRENCE D. WINSON, Attorney-At-Law
140 4th Avenue West, Suite 102 ♦ Hendersonville, NC 28792 ♦ USA
♦ Fax (828) 693-4858 ♦ Local (828) 693-4939 ♦ E-mail winsonlaw@winsonlaw.com ♦
Bar Memberships: Florida and North Carolina

August 22, 2011

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **SAFE HARBOR BUSINESS SOLUTIONS, LLC**
ARTICLES OF ORGANIZATION

Dear Ms. Lewis:

This is in response to your letter of August 9, 2011.

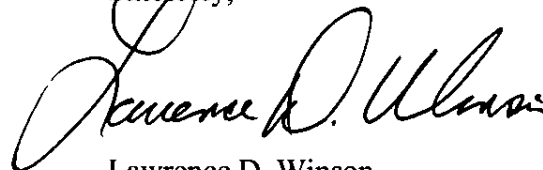
As you will see, we have corrected the principle office address as requested. Accordingly, please find the following documents enclosed:

1. Your Letter; and
2. The original and a conformed copy of the Articles of Organization.

Assuming that the enclosed is responsive to your request, please file the Articles and return a "filed" copy to this Office.

Please contact this Office in the event you require any additional information. Thank you for your assistance.

Sincerely,



Lawrence D. Winson

LDW/jbw

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAFE HARBOR BUSINESS 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:

213 Mahogany Bay Drive
St. Johns, FL 32259-6951

Mailing Address:

P.O. Box 600122
Jacksonville, FL 32260-0122

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:

JAMES A. FRANK
Name

213 Mahogany Bay Drive
Florida street address (P.O. Box **NOT** acceptable)

St. Johns, FL 32259-6951 FL
City, State, and Zip

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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:

MGRM

James A. Frank
P.O. box 600122
Jacksonville, FL 32260


MGRM

Claire Frank
P.O. Box 600122
Jacksonville, FL 32260

(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:

X 
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.)

James A. Frank

Typed or printed name of signer

FILING FEE:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 3.00 Certificate of Status (Optional)