## LIIOOOIU38

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09/02/11--01017--021 \*\*130.00



D. BRUCE

SEP 0 6 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	•
SUBJECT: SCOPIC SOLUTIONS, LL	_C.
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:	
EL12ABETH TETREAUL	<u>-T</u>
Firm/Company	
SUITE 560, 7480 SW 40	ST
Address	
MIAMI, FL 33155 City/State and Zip Code	14m2
Scopic solutions @ grail.	ALEC ALEC
Scopic solutions @ grail.  E-mail address: (to be used for future annual report notification	Com AFF SF T
For further information concerning this matter, please call:	
Elizabeth Tetreault at (954) 44.  Name of Person Area Code & Daytime	——————————————————————————————————————
Enclosed is a check for the following amount:	Dr. <b>w</b>
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  \$130.00 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 Registration Section	r <u>ess</u> 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:

(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:	Mailing Address:
74805W 4087. MIAMI, FL 33155	PO BOX 530857 MIAMI, 1=C 33153
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another >
ELIZABETH Name 7480 SW 41 Florida street addit MIAMI	TETREAULT  OFF, Se 560  ress (P.O. Box NOT acceptable)  FL 33155  te, and Zip

, y.,

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)

Page 1 of 2

EFFECTIVE DATE 9/D/H

## 

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 55 PT. 1, 2011. (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)