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•	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
·	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. LUNT
	NOV 29 2011

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: LELO	O Solutions LLC				
	Name of Limit	ed Liability Company		-	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
Luis Ord	linola				
		Name of Person	···		
LELO So	olutions LLC				
		Firm/Company			
6840 Gu	ilford Bridge Dr.		As.	281	
		Address	AN	35	****
Apollo Bea	ach, FL 33572		ASS.	NOV 28	
	Cit	y/State and Zip Code	THE STATE OF	70	[7]
luis.ordinol	a@gmail.com		54	_ riu	
	·	for future annual report notification)		ED :	
For further information	n concerning this matter, please	e call:	:Tr-		
Luis Ordinola		at (813) 516-2734			
Name	e of Person	Area Code & Daytime Telephone Nu	mber		
Enclosed is a check to	for the following amount:				
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	00 Filing Ficate of State of S	tus &	
	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			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LELO Solutions LLC. (Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	117,*****	
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liabi	ility Compa	iny is:
Principal Office Address:	Mailing Address:		
6834 Guilford Bridge Dr.	6834 Guilford Bridge Dr.		
Apollo Beach, FL 33572	Apollo Beach, FL 33572		
The name and the Florida street address of the	e registered agent are:		. و ساد
Luis Ordinola Nan 6840 Guilford Bi	ridge Dr.	NOV 28 PM 5:	
Luis Ordinola Nam 6840 Guilford Bi Florida street a	ridge Dr. address (P.O. Box NOT acceptable)	1:	
Luis Ordinola Nan 6840 Guilford Bi Florida street a Apollo Beach	ridge Dr.	PA 5:	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:	Name and Address:	
"MGR" = Manager		三原三州
"MGRM" = Managing Member		福里 =
		要量で
MGR	Ann Eaton	F. 60 50 50 50 50 50 50 50 50 50 50 50 50 50
	6834 Guilford Bridge Dr.	Ro 2
٠,	Apollo Beach, FL 33572	773
MGR	Luis Ordinola	S. S.
	6840 Guilford Bridge Dr.	
	Apollo Beach, FL 33572	
		· · · · · · · · · · · · · · · · · · ·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1 2012. (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 some of signer

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)