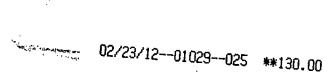
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2012 FEB 23 AN TO, OR
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. CLINE

FEB 24 2012

EXAMINER

COVER LETTER

Division of Corporations	,	
SUBJECT: Business Solutions Co	onsulting Inc.	
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Christian Lloyd Suarez		_
	Name of Person	
Business Solutions Consu	ulting Inc. Firm/Company	_
517 W. Colonial Dr.		
	Address	-
Orlando, FL 32804		_
csuarez@suarezcti.com	ity/State and Zip Code	
E-mail address: (to be used	for future annual report notification)	_
For further information concerning this matter, pleas	se call:	
Christian Lloyd Suarez Name of Person	at (407) 3400809 Area Code & Daytime Telephone Number	
Name of Person	Area code de Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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	to sample

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:	
Business Solutions Con		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
517 W. Colonial Dr. Orlando, FL 3280	517 W. Colonial Dr. O	rlando, FL 32804
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre- Christian Lloyd	s own Registered Agent. You must designate .) ss of the registered agent are: Suarez	
517 W. Co		
Florid Orlando	la street address (P.O. Box <u>NOT</u> acceptal	ble)
- Chango	FL 32804 City, State, and Zip	
Registered Age	nt and to accept service of process j mated in this certificate, I hereby ac is capacity. I further agree to comp	ccept the appointment as oly with the provisions of all and I am familiar with and

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" = Managi	ng Member	Name and Address:		
MGR		Christian Lloyd Suarez 517 W. Colonial Dr. Orlando, FL 32804		
(If an effective date is listed,	, if other than the date the date must be spe	e of filing: $\frac{2-16-12}{6}$ ecific and cannot be more than five		
to or 90 days after the date of REQUIRED SIGNA	\bigcap			
(In accordar constitutes I am aware constitutes	nce with section 608.4086 an affirmation under the that any false information	(3), Florida Statutes, the execution of this dependities of perjury that the facts stated here in submitted in a document to the Department for order of the state of the submitted in a submitted in a submitted in a document to the Department of the submitted in a submitted in	locument ein are true. ent of State	2017 FFR
Filing Fees:	<u> </u>	or printed name of signee	三統第 ト	٠ ١
		ion and Designation	TORIDA STATE	

\$ 5.00 Certificate of Status (Optional)