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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. MAR 19 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flash Professional Services, 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:

Gordon W. Hansen

Name of Person

Flash Professional Services

Firm/Company

450 Springbrook Drive

Address

Fleming Island, FL. 32003

City/State and Zip Code

flashprofessionalservices@gmail.com

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

For further information concerning this matter, please call:

Gordon Hansen

Name of Person

at (**904**) **382-4545**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flash Professional Services, 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:

450 Springbrook Drive
Fleming Island, FL 32003

Mailing Address:

450 Springbrook Drive
Fleming Island, FL 32003

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:

Gordon W. Hansen

Name

450 Springbrook Drive

Florida street address (P.O. Box **NOT** acceptable)

Fleming Island FL 32003

City, State, and Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Yen T. Hansen

Fleming Island, FL. 32003

MGR

MGR

Gordon W. Hansen

450 Springbrook Drive

Fleming Island, FL. 32073

ARTICLE V: Effective date, if other than the date of filing:_____. (OPTIONAL)

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.)

Gordon W. Hansen

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)