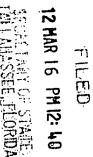
<u>L12000038037</u>

(Red	uestor's Name)	
(Add	lress)	
(Δdα	ress)	
(ride	11033)	
(City	/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
`	•	,
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
	Cordination	
Special Instructions to F	iling Officer:	
Opecial maddenons to t	ing Officer.	
	•	



800224871208

03/16/12--01005--008 **160.00



Office Use Only

COVER LETTER

TO: Registration S Division of Co			•*
_{SUBJECT:} Flash	Professional Se	rvices, LLC	
		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
Gordon V	V. Hansen		,
		Name of Person	
Flash Pro	fessional Servic		
		Firm/Company	
450 Sprin	gbrook Drive		
		Address	
Fleming Isla	and, FL. 32003		1
0		ty/State and Zip Code	
nasnprotess	ionalservices@gma E-mail address: (to be used	III.COM for future annual report notification) 1
For further information c	oncerning this matter, pleas	•	
Gordon Hansen		_ _{at (} 904 ₎ 382-454	5 ;
Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	r 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	mnany is:	
The hame of the Elimited Elability Col	inputy 15.	
Flash Professional Servi	ices, LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	÷,
450 Springbrook Drive	450 Springbrook Drive	•
Fleming Island, FL 32003	Fleming Island, FL 32003	<u></u>

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)

FL 32003 City, State, and Zip Fleming Island

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	nber
MGR	Yen T. Hansen
	450 Springbrook Drive
	Fleming Island, FL. 32003
MGR	Gordon W. Hansen
	450 Springbrook Drive
	Fleming Island, FL. 32073
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessar	v)
(Use attachment if necessar	y)
	y) er than the date of filing: (OPTION)
LE V: Effective date, if other fective date is listed, the da	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business da
	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business date.)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business date.) E:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	er than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	er than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REOUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any	te must be specific and cannot be more than five business da (a). E: AR Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated hereintage true false information submitted in a document to the Department of State
LE V: Effective date, if other fective date is listed, the date days after the date of filing sections after the date of filing sections (In accordance with constitutes an affirm I am aware that any constitutes a third desired the constitutes at the t	er than the date of filing:

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)