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Office Use Only

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**EXAMINER** 



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12 APR -5 AM 9:57

# COVER LETTER

TO:	Registration Section Division of Corporations	e Swe					
SUBJE	CT. Awesome	Internet Solutions, LLC					
SODIL	C-1	imited Liability Company					
The enc	losed Articles of Organization and fee(s)	are submitted for filing.					
Please r	eturn all correspondence concerning this	matter to the following:					
-	Jo	ohn H. Paradiso					
		Name of Person					
_	Awesome	Internet Solutions, LLC					
		Firm/Company					
_		1303 6th St.					
	Address						
_	CI	ermont, FL 34711					
		City/State and Zip Code					
_	E-mail address: (to be t	Johnclrm@aol.com used for future annual report notification)					
For furt	her information concerning this matter, p	lease call:					
	John H. Paradiso	at (					
	Name of Person	Area Code & Daytime Telephone Number					
Enclose	ed is a check for the following amoun	t:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Statu	\$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sq}}}}}} \sqrt{\$\sqrt{\$\sqrt{\$\sqrt{					
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building					

### . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	JE I	_	N	am	e:
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The name of the Limited Liability Company is:

# Awesome Internet Solutions, 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:

<b>Principal Office Address:</b>		<u>Mail</u>	ing Address:			
1303 6th St. Clermont, FL 34711			6th St. nont, FL 34711			
ARTICLE III - Registere (The Limited Liability Company can business entity with an active Flori The name and the Florida s	mot serve as its own Roda registration.)	egistered Age	nt. You must designate a		other	
John H		Paradiso Es		<b>1</b>	APR-	T
<del></del>	Name				Ċ	Service in .
	1000 011 01.				AH	
	Florida street	address (P.0	D. Box <u>NOT</u> acceptab	le)	č	السيبة
	Clermont	FI.	34711		57	
<del></del>	City	, State, and 2	Zip			
71 1 1 7					mand L	inale a d

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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Mambar	Name and Address:
"MGRM" = Managing Member  MGRM	John H. Paradiso 1303 6th St. Clermont, FL 34711
NINE - 191 -	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than f an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	241
Signature of a me	ember 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.)

## John H. Paradiso

Typed or printed name of signee

#### Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5. 30.00 Continued Conv. (Ontional)

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)