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SECRETARY OF STATE

B. BOSTICK

JUL **2** 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	1 <sup>4</sup> Section Corporations	•	• •	<b></b>	•		
SUBJECT: Solv	elink, LLC	•		,	*		
		ed Liability Com	ipany		<del></del>		
The enclosed Articles	s of Organization and fee(s) are	submitted for fili	ing.				
Please return all corre	espondence concerning this matt	ter to the following	ng:				
Richard	Rooks						
		Name of Person					
Solvelin	k, LLC					_	
<del>- 1</del>		Firm/Company					
1892 Ch	neckerberry Ct						
		Address				_	
Oviedo, F	L 32766						
		y/State and Zip Co	ode			-	
rrooks@cf	Firr.com E-mail address: (to be used f				<del>- 3</del>		
			pon nouncation)	1	ECR	2 کے	-
For further information	on concerning this matter, please	call:			大学	JUN 29	
Richard Rooks		at ( 407	359-401	4	130 130 130 130 130 130 130 130 130 130		
Nam	ne of Person	Area Co	de & Daytime Te	elephone Number	77 S	3	4
Enclosed is a check	for the following amount:				TATE	94 :8 HA	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$160.00 Fil Certificate Certified Co (additional co	of Status a		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E:	Courier Address ation Section on of Corporation Building xecutive Center assec, FL 32301	ons r Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SolveLink	k, LLC.		
	(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -		of the principal office of the Limited Lia	ability Company is:
Principal Offi	ce Address:	Mailing Address:	
1892 Checkerb	erry Ct	1892 Checkerberry Ct	
Oviedo, FL 327		Oviedo, FL 32766	
(The Limited Liabil business entity wit	ity Company cannot serve as its than active Florida registration.)	s of the registered agent are:	dual or another  12 JUN 29  SECRETARY TALLAHASSET
	Florida	a street address (P.O. Box NOT acceptable)	AM 8: 46
	Oviedo	<sub>FL</sub> 32766	8H &
		City, State, and Zip	<b>&gt;</b>
		nt and to accept service of process for the c nated in this certificate, I hereby accept th	

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
• •		
MGR	Richard Rooks	
	1892 Checkerberry Ct	
	Oviedo, FL 32766	
<del></del>	<del></del>	
		ASS 75
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	<del></del>	
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		<u> </u>
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		<del></del>
(Use attachment if necessary)		OM 6
CLE V: Effective date, if other than the	e date of filing	(OPTIONAL
CLE V. Effective date, if other diam in	be specific and cannot be more tha	(OI HOWL

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.)

## Richard Rooks

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)