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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Codification of Status				
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12 JUN 29 AM 10: 30
SECRETARY OF STATE
ALL ALLASSEE ET CROP

C. LEWIS

JUL -3 2012

EXAMINER

COVER LETTER 🔍

TO:

Registration Section

Division of Corpora	tions		
SUBJECT:	Siness C Name of Limited Lia	Oncepts &	Solutions, LL
The enclosed Articles of Organ	nization and fee(s) are submi	tted for filing.	
Please return all corresponden	ce concerning this matter to t	he following:	
· ·	$\sqrt{2}$		
<u> </u>	i <u>Uurn</u>	of Person	
Busin	ess Conce	obs & Solu	tions, LC
2336	Fillmore	Sheet	<u> </u>
	A	ddress	
Holly	off, book	vida 33	X03-0
busines	•	and Zip Code 159-20 3000 re annual report notification)	l.com
For further information concer-	ning this matter, please call:		
Diana Buname of Person	at (754) 423- Area Code & Daytime Telep	2731 hone Number
Enclosed is a check for the f	following amount:		
\$125.00 Filing Fee \$130	0.00 Filing Fee & \$1 rtificate of Status C	55.00 Filing Fee & ertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O.	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Business Corcepts & Solutions LLC (Must end with the words "Limited Liability Company, "L.IC.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2336 Fillmore st 2336 Fillmore st. Hollywood Horida 33020
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: Diana Burns Name 2330 Florida street address (P.O. Box NOT acceptable) Hollywood FL 33020 City, State, and Zip
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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

FILED **ARTICLE IV- Manager(s) or Managing Member(s):** 12 JUN 29 AM 10: 30 The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

Typed or printed name of signee

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)