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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 7/9/12

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JUL 12 2012 T. HAMPTON

COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUBJE	СТ•	Satery	Solu	utions, LL	.C	
50202	C1	Name of Limit	ed Liab	ility Company		
The enc	losed Article	s of Organization and fee(s) are	submitt	ed for filing.		
Please r	eturn all corr	espondence concerning this mat	ter to th	e following:		
_		. Baı		a Satery		
		Satan		utions, LI	\sim	
-		Jakery		Company		
		6301 Nev	vtow	n Circle A	ont A5	
-		30011101		dress	.p., 10	
		Tam	nna i	FL 33615		
-				and Zip Code	<u>-</u>	
_	•			yahoo.con		
		E-mail address: (to be used	for futur	e annual report no	otification)	
For furt	her informati	on concerning this matter, please	e call:			
	Bar	bara Satery	_ at (813	4	107 3566
	Nai	ne of Person		Area Code & D	Daytime Te	lephone Number
Enclose	ed is a check	for the following amount:				
125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing Fortified Copy is e		\$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/Courie Registration S Division of C Clifton Build 2661 Executi	Section Corporation ing ve Center	ns

Effective Date 7/9/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Satery 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:

Principal Office Address:	Mailing Address:
6301 Newtown Circle Apt A5	6301 Newtown Circle Apt A5
Tampa, FL 33615	Tampa, FL 33615

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:

Barba	ra Satery	
N	ame	
6301 Newtow	n Circle Apt A5	
Florida street address (P.O. Box NOT acceptable)		
Tampa	_{FL} 33615	
City	y, 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	ember
MGRM	Barbara Satery
	6301 Newtown Circle Apt A5
•	Tampa, FL 33615
	
	·
(Use attachment if necessa	ary)
	her than the date of filing: \(\backsizeta - G - \darksizeta \). (OPTIONAL) late must be specific and cannot be more than five business days prioring.)
<u>REQUIRED</u> SIGNATUI	RE:

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.)

Barbara Satery

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)