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## **COVER LETTER**

	ion Section of Corporations	•
SUBJECT:	Santos Or	nline Solutions, LLC
SUBSECT.	Name of Lim	ited Liability Company
The enclosed Artic	eles of Organization and fee(s) are	e submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	Che	eryl A. Santos Name of Person
		nline Solutions, LLC
·	Santos O	Firm/Company
	744	OC Manking Dr
	7 10	06 Maclura Dr.  Address
		t Richey, FL 34653 ity/State and Zip Code
		santos@verizon.net
		for future annual report notification)
For further informa	ation concerning this matter, pleas	se call:
Ch	eryl A. Santos	at ( 727 ) 845 3679
1	Vaine of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited	d Liability Company is:			
Sa	antos Online Sc	olution	ns, LLC	
(Must end	with the words "Limited Liabil	ity Compar	ny, "L.L.C.," or "LLC	<u></u> )
ARTICLE II - Address	s:			
The mailing address and	d street address of the pr	incipal o	office of the Lim	ited Liability Company is:
Principal Office Addre	<u>ess:</u>	<u>Mailir</u>	ng Address:	
7106 Maclura Dr.		7106	Maclura Dr.	
New Port Richey, FL 34	653	New F	Port Richey, FL	34653
ARTICLE III - Registe (The Limited Liability Company business entity with an active land) The name and the Florid	y cannot serve as its own Regist Florida registration.)	ered Agent	. You must designate	
The name and the Fioric		-	_	
	Cheryl A.	Santos		
	Name			
	7106 Mac	lura [	Or.	
	Florida street add	lress (P.O	Box NOT accepta	ble)
1	New Port Richey	FL	34653	
	City, Sta	ate, and Z	p	

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

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

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

MGRM	Cheryl A. Santos
	7106 Maclura Dr.
	New Port Richey, FL 34653
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA
ffective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business day
<b>,g</b> ,	
REQUIRED SIGNATURE:	

(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.)

Cheryl A. Santos

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)