

# L120000096303

**Florida Department of State  
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From:

Account Name : CSH SERVICES, LLC  
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Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.  
East West Solutions Group, LLC**

Certificate of Status	0
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T. HAMPTON

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

EAST WEST SOLUTIONS GROUP, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

920 N LAKE CLAIRE CIRCLE  
OVIEDO, FLORIDA 32765

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

DAVID SCATES  
920 N LAKE CLAIRE CIRCLE  
OVIEDO, FLORIDA 32765

Having been named as registered agent 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.

X

  
DAVID SCATES / Registered Agent's signature

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PAGE 2 EAST WEST SOLUTIONS GROUP, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS**

MANAGING MEMBER

DAVID SCATES

920 N LAKE CLAIRE CIRCLE

OVIEDO, FLORIDA 32765

MANAGING MEMBER

PATRICK MCKEEBY

758 RIVERBAY COURT

LONGWOOD, FLORIDA 32779

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.....  
X

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.

DAVID SCATES

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