

L12000134422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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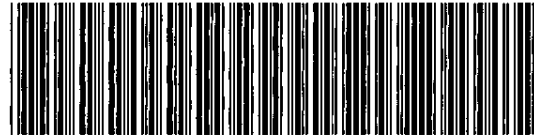
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B. KOHR

OCT 23 2012

EXAMINER



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800240181478  
10/05/12--01003--019 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT -5 AM 8:14

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2012

APRIL ATTIS  
288 N.W. 91ST STREET  
MIAMI, FL 33150

SUBJECT: A.I. (ATTIS INC.) COMMUNICATION SOLUTIONS L.L.C.  
Ref. Number: W12000051556

FILED  
12 OCT -5 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for A.I. (ATTIS INC.) COMMUNICATION SOLUTIONS L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida LLC's may not use corporate suffixes in their names. Do not use INC., INCORPORATED, CORPORATION, or CORP.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 312A00024900

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Attis Communication Solutions**  
Name of Limited Liability Company

**FILED**  
12 OCT -5 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**April Attis**  
Name of Person

**Attis Communication Solutions**  
Firm/Company

**288 NW 91st street**  
Address

**Miami, Florida 33150**  
City/State and Zip Code

**april.attis@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**April Attis** at ( **786** ) **5375919**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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 Liability Company is:

Attis Communication Solutions L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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12 OCT -5 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

288 NW 91st street  
Miami, FL 33150

288 NW 91st street  
Miami, FL 33150

**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:

April Attis  
Name

3301 NE 5th avenue unit 107  
Florida street address (P.O. Box **NOT** acceptable)  
Miami FL 33137  
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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

April Attis

3301 NE 5th Ave unit 107

Miami, FI 33137

MGR

Gellyn Attis

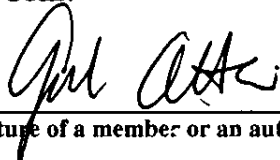
3301 NE 5th Ave unit 107

Miami, FI 33137

(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.)

April Attis

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)**