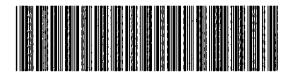
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: So.S Solution C.L.C
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SERGIY SHEREMETYEV Name of Person
SOS SOLUTION LLC
Firm/Company
6771 BASS HWY
SAINT Cloud FL 34771
City/State and Zip Code
SSHEREMETYEV & YAHOO, COM Established Bernail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERGIY SHEREMETYEV at 321 216-0936 3
Sergiy Sheefmeryev at 321 216-0936 19 3 Name of Person Area Code & Daytime Telephone Number 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\infty\$130.00 Filing Fee & \$\infty\$
Certificate of Status Sertified Copy Certificate of Status & Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
SOS Solution 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:
6771 BASS HWY 6771 BASS HWY SAIN CLOUD FL 34771
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: SERGIY SHEREMETYEU Name Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable)
SAINT Cloud FL 3477
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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)
J
(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	SERGIY SHEREMETYEU GTTI BASS HWY SAINT Cloud FL 39/771
	
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	SSE CO
	02
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date must	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Λ

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)