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SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

UBJECT: Consumer Solutions Today, LLC

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:

Jessica N Lusk

Name of Person

Consumer Solutions Today, LLC

Firm/Company

4573 SW 149th Street

Address

Ocala, FL 34473

City/State and Zip Code

genawuen@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Lusk

_.,352 \ 870-8637

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

Consum	ner Solutions Today, LLC	
	mited Liability Company, "L.L.C.," or "LLC.	<u>")</u>
ADTICLE II Adduses		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limi	ted Liability Company is
Principal Office Address:	Mailing Address:	
		
4573 SW 149th Street	4573 SW 149th Street	
Ocala, FL 34473	Ocala, FL 34473	
The name and the Florida street address	ica N Lusk Name	
4573	SSW 149th Street	
	a street address (P.O. Box NOT acceptate	ole)
Oca		
	City, State, and Zip	
Having been named as registered agen liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my positions.	nated in this certificate, I hereby ac his capacity. I further agree to con I complete performance of my dutic	ecept the appointment as aply with the provisions o es, and I am familiar with
	CONTINUED)	13 H SECH SALLA

Page 1 of 2

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SECRETARY OF STATE

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	_	ame and Address:	
MGR	,	4573 SW 149th Street	
	-	Ocala, FL 34473	-
	_	·	
			
			 _
(Use attachment if nec	essary)		
•	• /	of filing:	(OPTIONAL
CLE V: Effective date,	f other than the date of	of filing: pecific and cannot be more	
CLE V: Effective date,	f other than the date of the date must be sp		
CLE V: Effective date, effective date is listed, o or 90 days after the c	f other than the date of the date must be sp ate of filing.)		
CLE V: Effective date, effective date is listed.	f other than the date of the date must be sp ate of filing.)		
CLE V: Effective date, effective date is listed, o or 90 days after the care of the care o	f other than the date of the date must be spate of filing.) FURE:		than five business
CLE V: Effective date, effective date is listed o or 90 days after the constitutes at I am aware the effective date.	f other than the date of the date must be spate of filing.) FURE: Atture of a member or an equit section 608.408(3) affirmation under the per at any false information st	decific and cannot be more	member. f this document ed herein are true.

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)