

L13000152091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

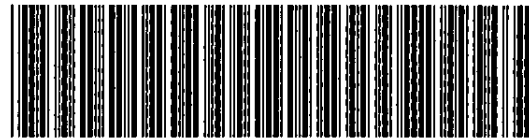
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/13--01042--006 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. G. Gifford OCT 29 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PH Solutions, 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:

Paula M. Higgins

Name of Person

PH Solutions, LLC

Firm/Company

932 Hollingsworth Road

Address

Lakeland, Florida 33801

City/State and Zip Code

paulamhiggins@icloud.com

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

For further information concerning this matter, please call:

Paula M. Higgins

Name of Person

at **863 602-7579**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

P & H Solutions, Inc.
3585 U.S. Highway 17 North
Bartow, Florida 33830

October 9, 2013

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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2013 OCT 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

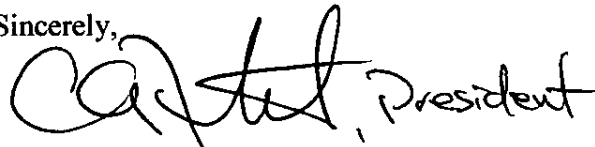
Re: Consent for Use of Similar Name

To Whom It May Concern:

P & H Solutions, Inc. hereby gives its written consent pursuant to Florida law to Paula Higgins and Holly Parrish to use the name PH Solutions, LLC when they register their entity with the Florida Department of State, Division of Corporations.

If you have any questions or need further information, please do not hesitate to call.

Sincerely,



P & H Solutions, Inc.

Cc: Paula Higgins
Holly Parrish

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PH Solutions, 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:

932 Hollingsworth Road
Lakeland, Florida 33801

Mailing Address:

932 Hollingsworth Road
Lakeland, Florida 33801

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:

Paula M. Higgins

Name

932 Hollingsworth Road

Florida street address (P.O. Box **NOT** acceptable)

Lakeland, Florida 33801

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Paula M Higgins

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

Paula M. Higgins

932 Hollingsworth Road

Lakeland, Florida 33801

MGRM

Holly Parrish

6865 Crescent Oaks Circle

Lakeland, Florida 33813

(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.)

Paula M. Higgins

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)

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TALLAHASSEE, FLORIDA