

L14 000011526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

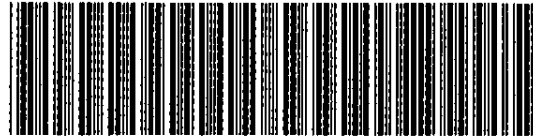
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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(Handwritten signature/initials)

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APPLIED TRAINING 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:

MICHAEL SCHIFFRIN, ESQ.

Name of Person

THE SCHIFFRIN LAW FIRM, PLLC

Firm/Company

9200 SOUTH DADELAND BLVD., SUITE 208

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

SCHIFFLAW@AOL.COM

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

For further information concerning this matter, please call:

Michael Schiffrin

Name of Person

305 539-0000

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

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THE SCHIFFRIN LAW FIRM, PLLC

9200 South Dadeland Boulevard
Suite 208 - Dadeland Office Park
Miami, Florida 33156

Telephone: (305) 539-0000
Telecopier: (305) 539-0013

Michael Schiffrin, Esq.
schifflaw@aol.com

Jessica Schiffrin, Esq.
jessica.b.schiffirin@gmail.com

January 14, 2014

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **Applied Training Solutions, LLC**

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and the *Articles of Organization for Florida Limited Liability Company* with regard to **Applied Training Solutions, LLC**, along with my client's check in the amount of \$125.00 made payable to the Florida Department of State for you to register said company. I also enclose a stamped, self-addressed envelope for you to return your acknowledgement indicating that the above company has been duly reinstated.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours,

THE SCHIFFRIN LAW FIRM, PLLC

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPLIED TRAINING 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:

11875 High Tech Avenue

Suite 202

Orlando, Florida 32817

Mailing Address:

11875 High Tech Avenue

Suite 202

Orlando, Florida 32817

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:

Michael Schiffirin

Name

9200 South Dadeland Blvd., Suite 208

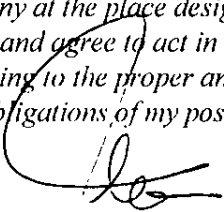
Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33156

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 605 F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Williamsburg, Virginia 23188

[illegible]

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.)

William M Dewley
Signature of a member or an authorized representative

Signature of a member or an authorized representative of a member.

(In accordance with section 905, 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

\$ 5.00 Certificate of Status (Optional)