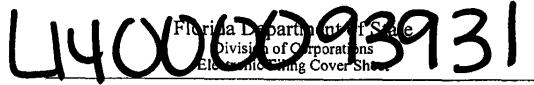
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000137375 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.	

End to End implementation	ons, LLC
Certificate of Status	0

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COYER LETTER

COTEN MINITER
TO: Registration Section Division of Corporations
SUBJECT: End to End Implementations 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:
Julie Okaurke McNaught Name of Person
End to End Implementations, LLC Firm/Company
2328 Bucking ham Run Court
Orland of FL 32828 City/State and Zip Code Increase the compast ref E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Tule Managht at 401 575-1200 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building 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:
End to End In the month one , LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "1.L.C.")
ARTICLE II - Address: The malling address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2328 Burkisaham Run Court 2328 Budusahan Run Court Orlando, Fi 332828 Orlando, Fi 33828
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:
NRAI Services, Inc.
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation Er 33324
Clty Zlp
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)

Page 1 of 2

DIVISION OF CORPORATE WAS DESCRIBED TO SECURIOR STATES OF STATES O

Title: "AMBR" = Authorized Member	Name and Address;	
"MGR" = Manager VK6	Julie O'Roucke Micharaht 2328 Buckinghoon Run Court	
MGR	Bren Richard McHought 8328 Buckenston Kun Gert Ollanda El 32825	
(The sweet mant if a seeting it		
(Use attachment if necessary)	to accuse (OMMONAL)	
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filling:	ays :
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)		ay≇ ₽
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)		ays :
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	De specific and cannot be more than five business days prior to or 90 days	ays :
CLE V: Effective date, if other than the effective date is listed, the date must it to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (in accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State	ay# #
CLE V: Effective date, if other than the effective date is listed, the date must it to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Fiorida Statutes, the execution of this document a under the penalties of periory that the facts stated herein are true.	ays s
CLE V: Effective date, if other than the effective date is listed, the date must it to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:	ays s
CLE V: Effective date, if other than the effective date is listed, the date must late of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent and	ays a

Page 2 of 2