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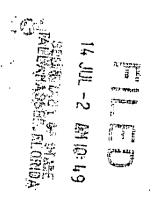
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
		,
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration S Division of Co						
OLID ID	Cm Writing	Solutions, LLC					
SUBJE	CI:	(Name	of Re	sulting Florida	Limite	ed Company)	
Busines	s Entity" into	a "Florida Limited Li	abili	ty Company		nd fees are submitted to convert an "Ot accordance with s. 605.1045, F.S.	her
Please r	eturn all corre	espondence concernin	g this	matter to:			
Ann H.	Ottaviano						
		(Contact Person)					
		(Firm/Company)	-	<u> </u>			
13601	Clubside Dri	ve					
		(Address)					
Tampa	, FL 33624					•	
	(0	City, State and Zip Code)					
	a@tampaba						
E-ma	il Address: (to be	e used for future annual re	port n	otifications)			
For furt	her information	on concerning this ma	tter, j	please call:			
W.G. S	Spoor		at i	727	_\ 343-	-7166	
	(Name of Conta	ct Person)	ai ((Area Code)	<i>,</i>	ytime Telephone Number)	
Enclose	ed is a check for	or the following amou	ınt:				
(\$25 for	00 Filing Fees Conversion or Articles ization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS	S:				ADDRESS:	
	ation Section n of Corporati	one				Section Corporations	
	Building	Otto		P. O. B			
	xecutive Cent	er Circle		Tallaha	ssee, l	FL 32314	

INHS11 (02/14)

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Writing Solutions, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13601 Clubside Drive	13601 Clubside Drive
Tampa, FL 33624	Tampa, FL 33624
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Ann H. Ottaviano	
Name	
13601 Clubside Drive	
Florida street address (P.O.	Box NOT acceptable)
Tampa	FI.33624
City	FL 33624 Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

	N
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Ann H. Ottaviano
	13601 Clubside Drive
	Tampa, FL 33624
effective date is listed, the date mus	he date of filing: (OPTIONA it be specific and cannot be more than five business d
LEV: Effective date, if other than t	he date of filing: (OPTIONA t be specific and cannot be more than five business d
LE V: Effective date, if other than the fractive date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONA It be specific and cannot be more than five business d
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CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business d
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CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203	State the specific and cannot be more than five business defect of a member. (1) (b), Florida Statutes, the execution of this document
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