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Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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To: Division of Corporations Fax Number : (850)617-6383
From: Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (800)293-4075
**Enter the email address for this business entity to be used for Brure annual report mailings. Enter only one email address please.
Email Address: <u>tampagigi 63@ 49400.com</u>
FLORIDA LIMITED LIABILITY CO.
James' Solutions LLC James' Solutions LLC James' Solutions LLC Certificate of Status James' Solutions LLC Certificate of Status James' Solutions LLC Certificate of Status James' Solutions LLC Description
T. Burch SEPS 2011 Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:

James' 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: 7324 Lakeshore Drive Ellenton, FL 34222 T324 Lakeshore Drive Ellenton, FL 34222 Ellenton, FL 34222

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate

City

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate a another business entity with an active Florida registration.)		al Otal	
The name and the Florida street address of the registered agent are;	LAH	SE	
The name and the Florida sheet address of the registered agent are,	TARY ASSE	2	-
William J. James	či ni ni ni ni ni ni ni ni ni ni ni ni ni	-	i yanakana K
Name	fi co	סר	×
7324 Lakeshore Drive	بر لئے 20 م		
Florida street address (P.O. Box NOT acceptable)	OR	£	\bigcirc
Ellenton EL 34222	TATE ORIDA	(J) (1)	

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 ond accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED) William J. James

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	,	
"MGR" = Manager MGR MGR	William J. James 7324 Lakeshore Drive Ellenton, FL 34222	14 SEP 2 SECRETA	T
		ARY OF ST	
			August 1

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:
(i) (V) (a) mit (i)
Signature of a member or an authorized representative of a member,
(In accordance with section 605.0203 (1) (b), 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.)

> William J. James Typed or printed name of signee

> > Page 2 of 2

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