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FLORIDA  
TALLAHASSEE, FLORIDA

J. Shivers FEB 24 2015

214



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

February 12, 2015

DAN GUNTER  
125 N KENTUCKY AVE #301  
LAKELAND, FL 33801

**SUBJECT: BUSINESS MANAGEMENT SOLUTIONS LLC**  
Ref. Number: W15000010481

We have received your document for BUSINESS MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00002970

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: BUSINESS MANAGEMENT SOLUTIONS LLC  
Name of Limited Liability Company

**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:

DAN L. GUNTER  
Name of Person

**Name of Person**

# BUSINESS MANAGEMENT Solutions LLC

**Firm/Company**

125 N. KENTUCKY AVE #301  
Address

Address

LAKELAND, FL 33801

**City/State and Zip Code**

danlaunder@aol.com

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

For further information concerning this matter, please call:

DAN L. GUNTER at ( 863 ) 412-5118  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)     \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STRATEGIC

BUSINESS MANAGEMENT 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:

125 N KENTUCKY AVE  
# 301  
LAKELAND, FL 33801

Mailing Address:

125 N KENTUCKY AVE  
# 301  
LAKELAND, FL 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:

DAN L. GUNTER  
Name

125 N. KENTUCKY AVE #301  
Florida street address (P.O. Box NOT acceptable)

LAKELAND      FL      33801  
City                      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.*

Dan L. Gunter

Registered Agent's Signature (REQUIRED)

(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  
"MGR" = Manager

AMBR

**Name and Address:**

DAN L GUNTER  
125 N KENTUCKY AVE #301  
LAKELAND FL 33801

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2015 (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:**

Dan L. Gunter

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.)

DAN L. GUNTER

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)

STATE OF FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION OF BUSINESS  
AGENCY, FLORIDA

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