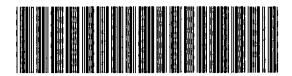
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Office Use Only



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J. Shivers FEB 2 7 2015



February 13, 2015

TRACY LEON 1041 SW 32ND ST FT LAUDERDALE, FL 33315

SUBJECT: SOLUTIONS BASED CONSULTING LLC

Ref. Number: W15000010817

We have received your document for SOLUTIONS BASED CONSULTING 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 registered agent must sign accepting the designation.

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.

Letter Number: 015A00003084

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:			Section Corporations				
SUBJE	CCT: _	Sol	utions B	ased G	nsulting mited Liability	LLC	
				Name of Li	mited Liability	Company	
The end	closed	Articles	of Organization	n and fee(s) a	are submitted for	filing.	
Please i	return a	all corre	spondence conc	erning this n	natter to the follow	owing:	
	_		Tracy	Lea	pn	son	
			•		Name of Per	son	
			Solution	is Base	d Consul	ting LLC	2
					Firm/Compa	iny J	
	_		1041 S.	W. 321	nd Stre	et	
					Address		
			Fort L	audeva	dale, F	L 39315	5
				(	City/State and Z	p Code	
		Xer	1a Ø 218	@ gn	nail.com	nual report notific	
			E-mail addre	ss: (to be use	ed for future ann	ual report notific	ation)
For furt	ther inf	ormatio	n concerning th	is matter, ple	ease call:		
Tra	ich	Leo	n	at (_	954 )5	540-5269	Slephone Number
	•	Nam	ne of Person		Area Code	Daytime Te	elephone Number
Enclose	ed is a	check fo	r the following	amount:			
l \$125.00	0 Filing	g Fee	□\$130.00 Fi Certificate		□\$155.00 F Certified ( (additional c		E\$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:	
Solutions Based Consul (Must end with the words "Limited Li	ting LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1041 S.W. 32nd Street Fort Lauderdale, FL 33315	1041 S w 32nd Street Fort Launerdale, FL 33315
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered as  NRA Service  Name  515 East Pau  Florida street address (P.O. Box M.)	ioni are: VICES, Inc.
Name	
515 East Pai	<u> K Avenue</u>
Florida street address (P.O. Box N	OT acceptable)
Tallahassee City	FL 32301 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Gupter	ce of process for the above stated limited liability company of the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.  Vendy Realice President & Assistant Secretary  The (REQUIRED)
(CONTINUE)	D) <u>F</u>

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = ManagerM G_R	Tongelana
	Tracy Leon 1041 5 W 32nd Street
	Fort-Lauderdale, FL 33315
<del>_</del>	
<del></del>	
E V: Effective date, if other than the date	of filing: February 1 2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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