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SECRETARY OF STATE
TOLSON BUREAU

EFFECTIVE DATE

3/6

MAR 26 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Virtual Solutions, 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:

Martha Yamnitz
Name of Person

My Virtual Solutions, LLC
Firm/Company

918 Viscaya Blvd.
Address

St. Augustine, FL 32086
City/State and Zip Code

marthayamnitz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Yamnitz at (904) 501-9043
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

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My Virtual 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:

918 Viscaya Blvd.
St. Augustine, FL
32086

Mailing Address:

918 Viscaya Blvd.
St. Augustine, FL
32086

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:

Martha Yamnitz
Name
918 Viscaya Blvd.
Florida street address (P.O. Box **NOT** acceptable)
Saint Augustine FL 32086
City Zip

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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..

Martha A. Yamnitz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MC" = Member

AMBR

Name and Address:

Martha Yamnitz
918 Viscaya Blvd
St. Augustine, FL 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/6/2015 (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:

Martha A. Yamnitz

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0703 (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.)

Martha A. Yamnitz

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)

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