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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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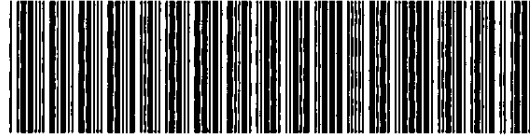
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
3/11/15

03/13/15--01023--014 \*\*155.00

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2015 MAR 13 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan APR 1 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRUCTURED INNOVATIVE SOLUTIONS  
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:

JOHN HOBSON  
Name of Person

\_\_\_\_\_  
Firm/Company

2765 64 ST SW  
Address

NAPLES FL 34105  
City/State and Zip Code

JOHNHOBSON@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN HOBSON at ( 239 ) 227-7196  
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

## **TRANSMITTAL LETTER**

Date: 3-11-2015

To: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Subject: **Structured Innovative Solutions LLC.**

The enclosed Articles amendments and fee(s) are submitted for filing.  
Please return all correspondences concerning this matter to the following:

John Hobson  
2765 64 ST SW  
Naples FL 34105  
E-mail address [Johhobson@gmail.com](mailto:Johhobson@gmail.com)

For further information concerning this matter please call:

John Hobson  
Cell 239.227.7196

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2015 MAR 13 PM 12:47

PROCLAMATION STATE  
TALLAHASSEE, FLORIDA

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article 1-Name** The Name of the limited liability Company is:  
**Structured Innovative Solutions LLC.**

**Article 2 – Address** The mailing address and street address of the principal office of the limited liability company is:

Structured Innovative solutions LLC.  
2765 64 ST SW  
Naples FL. 34105

**Article 3- Registered agent** The name and the address of the registered agent is:

John Hobson  
2765 64 ST SW  
Naples FL. 34105  
Email address JohHobson@gmail.com

Having been named as registered agent and to accept services of process for the above stated limited liability Company at the place designated in the certificate. I hereby accept the appointment as registered agent and agree to the 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 familiar with and accept the obligations of my position as registered agent as provided for in chapter 605 Florida statutes.

  
\_\_\_\_\_  
Registered Agent

3-11-15

Date

**Article 4- Manager** The name and address of each manager is as follows:

<u>Title</u>	<u>Name and Address</u>
Mgr.	John Hobson 2765 64 ST SW Naples FL. 34105

**Article 5- Effective Date** The starting date of this limited liability company is:  
March 11 2015

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article 6- Nature of business**

This company may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the state of Florida or any other state county territory or nation.

**Article 7- Term of Existence**

This company shall exist perpetually.

**Article 8- Limitation of liability**

Each manager in consideration for his or hers service shall in absence of fraud be indemnified whether then as a manager or not for the cost and expenses incurred by him or her in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him or her by reason of their being or have been a manager of the company whether or not wholly owned by the company. The foregoing right of indemnification shall be inclusive of any other right any manager may be entitled as a matter of law.

**Signature**

  
\_\_\_\_\_  
Authorized representative

(In accordance with section 605.0203 (1) (b), Florida statues, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the state constitutes a third degree felony as provided for in s.817.155,F.S.)

\_\_\_\_\_  
John Hobson

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MAR 13 PM 12:47  
STATE  
OF FLORIDA