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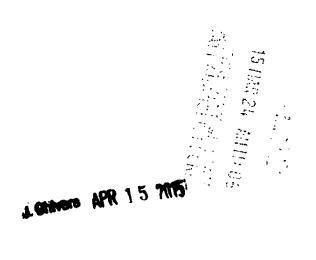
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Office Use Only



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## **COVER LETTER**

, Division of Corporations	
SUBJECT: Straight Forward 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:	
Gary L. Le derLose Name of Person	
Straight Forward Solutions, LLC Firm/Company	
1405 SE 36th St.	
Cape Coral FL 33904 City/State and Zip Code	
City/State and Zip Code	
gloderhose Q Jahoo. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Gary Loderhose at 239 297-0312  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	i)
Mailing Address Street/Courier Address	

TO:

**Registration Section** 

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:
Straight Forward 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:  Mailing Address:
1405 SE 36th St. Cape Coral, FL 33904 Cape Coral, FL 33904
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:
Gary L. Loderhose
1405 SE 360H SV. Florida street address (P.O. Box NOT acceptable)
Cape Coral FL # 33904
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.
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	020 1010 1000
MGR	Gary Loderhose
	Cape coral FL 33904
	_ Capt Ca on , FC 321.1
Manager	Grea Purdy 3524 SW 2nd Ln
<del></del>	3524 SW 2nd In Cope Cural, F1 33591
	Cope Coral, F1 33991
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