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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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T. Busch MAY 27 2015

COVER LETTER

TO:	Registration S Division of C			,	
CHDH		RK ENTERPRISE SOLUTI	ONS, LLC		
SUBJI	ECT:	Name of Lin	nited Liabili	y Company	
The en	closed Articles o	of Organization and fee(s) ar	e submitted	for filing.	
Please	return all corres	pondence concerning this ma	atter to the fo	ollowing:	
	Victor Gan	ndoff			
			Name of	Person	-
			Firm/Cor	npany	
	2118 Sun 7	Γrec Dr			
			Addre	ss	
	Clearwater	· FL 33763			
			ity/State and	Zip Code	
	vgandoff@g				<u> </u>
		E-mail address: (to be used	for future a	nnual report notificati	ion)
For furtl	ner information c	concerning this matter, please	e call:		
	Victor Gan	doff 77	27	744-9813	
	Na	me of Person A	rea Code	Daytime Telephon	e Number
Enclos	ed is a check for	the following amount:			
\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie) Filing Fee & d Copy l 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 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:	
NETWORK ENTERPRISE 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	e Limited Liability Company is:
one of the	o isimised Blacking Company is:
Principal Office Address:	Mailing Address:
2118 Sun Tree Dr	2118 Sun Tree Dr
Clearwater, FL 33763	Clearwater, FL 33763
	
ARTICLE III - Registered Agent, Registered Office, & Registe	ered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registere	
another business entity with an active Florida registration.)	er og Nijver e
The name and the Florida street address of the registered agent are	
	56. P
Victor Gandoff	
Name	

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 Lhapter 605, F.S.

Florida street address (P.O. Box NOT acceptable)

FL

State

2118 Sun Tree Dr

City

Clearwater

Registered Agent's Signature (REQUIRED)

33763

Zip

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
MGR — Manager MGR	Victor Gandoff				
- Inch	2118 Sun Tree Dr				
	Clearwater, FL 33763				
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n effective date is listed, the date must be specific and tate of filing.) e: If the date inserted in this block does not meet the document's effective date on the Department of State FICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	nd cannot be more than five business days prior to or seapplicable statutory filing requirements, this date will n	•			

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)