

L16000003978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

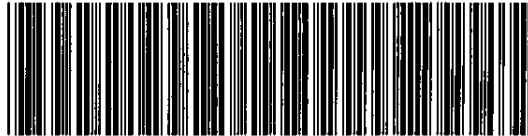
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 1/11/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solutions Not Excuses 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:

Daniel Williams
Name of Person
Solutions Not Excuses LLC
Firm/Company
350 W Venice Ave #1481
Address
Venice FL 34284-1481
City/State and Zip Code
dwilliams@solutions-not-excuses.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Williams 941 363-1415
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 DEC 28 PM 4: 12
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 DEC 28 PM 4: 12

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solutions Not Excuses LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

604 Coconut Crescent
Nokomis FL 34275

350 W Venice Ave #1481
Venice FL 34284

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:

Daniel Williams
Name

604 Coconut Crescent
Florida street address (P.O. Box **NOT** acceptable)

Nokomis FL 34275
City State Zip

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Daniel Williams

604 Coconut Crescent

Nokomis FL 34275

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DANIEL WILLIAMS

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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15 DEC 28 PM 4: 12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA