16000174765

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200290382032

16 SEP 19 ථ

9/20/14

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE: 296035 149697A	
AUTHORIZATION: Spelle le man	
COST LIMIT : \$ 125.00	
ORDER DATE : September 19, 2016	
ORDER TIME : 3:34 PM	
ORDER NO. : 296035-005	
CUSTOMER NO: 149697A	
DOMESTIC FILING	
NAME: CONSOLIDATED SOLUTIONS & INNOVATIONS, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Courtney Williams - EXT. 62935	

EXAMINER'S INITIALS:

FILED

ARTICLES OF ORGANIZATION FOR

16 Sep 19 11 8 47

CONSOLIDATED SOLUTIONS & INNOVATIONS, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of the company shall be: **Consolidated Solutions & Innovations, LLC** (the "Company")

ARTICLE II - ADDRESS

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

1680 Dale Avenue Winter Park, FL 32789

ARTICLE III - CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: **Consolidated Solutions & Innovations, LLC**
- 2. The name and the Florida street address of the registered agent are:

Swann Hadley Stump Dietrich & Spears, P.A.

NAME

1031 West Morse Boulevard, Suite 350

Florida street address (P.O. Box **NOT** Acceptable)

Winter Park, FL 32789

City, State and 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.

Ralph V. Hadley III

MMI

Sighature

ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

ARTICLE V - MANAGEMENT

The Company is to be Member managed and the name and address of the Member is:

Stacey Greene 1680 Dale Avenue Winter Park, FL 32789

ARTICLE VI - STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the Member.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Signature of a member or authorized Representative of a member

RALPH V. HADLEY III

Typed or Printed Name of Signee

G:\CORPORATE\CONSOLIDATED SOLUTIONS & INNOVATIONS, LLC\ARTICLES OF ORGANIZATION.DOC