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(Re	equestor's Name)	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	Savage Business Solutions LLC		
SOBJEC		Limited Liabi	lity Company
The encl	losed Articles of Organization and fee(s) are submitted	for filing.
Please ro	eturn all correspondence concerning this	s matter to the	following:
	Charles M Savage II		
		Name o	Person
	*******	Firm/C	ompany
	4430 Crabapple Drive Suite 103		
	· · · · · · · · · · · · · · · · · · ·	Add	ress
	Wesley Chapel, FL 33545		
	csavageii@outlook.com	City/State a	nd Zip Code
		sed for future	annual report notification)
For furthe	r information concerning this matter, pl	ease call:	
	Chuck Savage	813	382-6369
	Name of Person	`	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee \$\sqrt{\text{S130.00 Filing Fee \delta}}\$ Certificate of Status	└─ Certif	00 Filing Fee & S160.00 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

ARTICI, ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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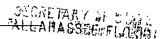
ARTICLE I - Name:

The name of the Limited Liability Company is:

2616 OCT 14 PM 12: 50

Savage Business 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:
4430 Crabapple Drive Suite 103	4430 Crabapple Drive Suite 103
Wesley Chapel, FL 33545	Wesley Chapel, FL 33545

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:

Charles M Savage II		
	Name	
4430 Crabapple Driv	e Suite 103	
Florida street address	s (P.O. Box <u>NOT</u> acc	eptable)
Wesley Chapel	Florida	33545
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)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Charles M Savage II
	4430 Crabapple Drive Suite 103
	Wesley Chapel, FL 33545
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL)
effective date is fisted, the date must be s te of filing.)	pecific and cannot be more than five business days prior to or 90 days
	meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departmen	
cument's effective date on the Departmen	
•	
CLE VI: Other provisions, if any.	
•	
•	
•	

Typed or printed name of signee

Filing Fees:

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

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Charles M Savage II

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