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(1	Requestor's Name)	
(,	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	VAIT	MAIL
(1	Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

Office Use Only



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SEURETARY OF COMPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 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:
Robert B Stewart
Name of Person
Firm/Company
4006 Robert's Ave
Address
Tall FL 32304 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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 Comp	pany is:

17 APR -3 PH 3 13

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4006 Robert's Ava	4006 Rober P's Av -
Tall , FL 32304	TAIL FL 32304
•	

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: Name

4066 Paberts Dre

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

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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:			Name and Address:	
****	= Authorized Member		0, 0, 0,	7 .
"MGR" =	thoriced	ance (Robert B Stewart	
		-2.	4006 Robert's De	_
4		•	7911 EL 32304	-
Lu	the account		P Clark	_
-	MOTILEO	Maninger	Kyan Stewart	_
			4006 Kosec+3 Ave	_
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)