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COVER LETTER

10: New Filing Section Division of Corporations	
SUBJECT: Transformative Name of Limited I	Solutions International, Lh
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
A. Mahelle Grante	ne of Person
Transformative Salutio	ns International
21 2 1 2 1 2 1	N Company
110 Hadispua : Enthous	Address
Myduay, El. 37343 City/St 1mb 7373 @ amail.com E-mail address: (to be used for fu	ate and Zip Code
For further information concerning this matter, please call:	
Name of Person Area Co	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILE® ECRETARY OF STATE SRIN OF CORPORATIONS
	<u>84</u> Y −3 PH № 17
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address: Mailing Address: Midway, F. 38343 Midway, F. 38343	}
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: Contemporary Contemporary	
Having been named as registered agent and to accept service of process for the above stated limited liability compa- place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this caps further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dia 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)	acity. I uies, and I
(CONTINUED)	

ARTICLE IV- The name and address of each person aut			
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	17 MAY - 3 PA	\$
CEO	Willest M. Williams	apoint St	
	Midway, Fl. 3	23/25	
		•	
effective date is listed, the date must be spe	of filing: ccific and cannot be more than five	(OPTIONAL) business days prior to or 90	days
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not n	ecific and cannot be more than five neet the applicable statutory filing re-	business days prior to or 90	•
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