

L180002662F1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

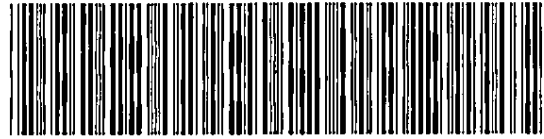
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700321054327

700321054327
11/19/18--01003--016 **125.00

RECEIVED
OFFICE OF STATE
18 NOV 19 PM 12:11

FILED
2018 NOV 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL 32310

N CULLIGAN

NOV 19 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADVANCED SOLUTION CENTER, 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:

OLAJIDE AKEREDOLU - THOMAS
Name of Person

3707 CASSANDRA DRIVE

TALLAHASSEE FL 32309
Address

jlimmas@gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLAJIDE AKEREDOLU - THOMAS at (850) 459-4269
Name of Person Area Code 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED SOLUTION CENTER, LLC

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

FILED

2018 NOV 19 PM 1:09

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:

3707 Cassandra Drive
Tallahassee FL 32309

3707 Cassandra Drive
Tallahassee FL 32309

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:

OLAJIDE AKEREDOLU - THOMAS

Name

3707 CASSANDRA DRIVE, TALLAHASSEE FL, 32309

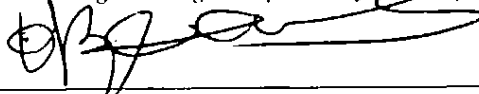
Florida street address (P.O. Box **NOT** acceptable)

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

Name and Address:

MGR
OLAJIDE AKEREDOLU -
THOMAS

3707 CASSANDRA DRIVE
TALLAHASSEE
FLORIDA, 32309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

OLAJIDE AKEREDOLU-THOMAS
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)

FILED
2018 NOV 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA