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## COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: 7	_ he Chosen =	Solution LLC	
	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
A	na M Monca	ada Galvez	
		Name of Person	
		Firm/Company	<u>, , , , , , , , , , , , , , , , , , , </u>
19	65 River B	luff RUN	
		Address	
	Jacksonville	7432211	
	Jacksonville	ity/State and Zip Code	
<del></del>	E-maîl address: (to be used	for future annual report notificat	ion)
For further information	n concerning this matter, please	call:	
Ana	M Moncada at (	904 ) <u>655 - 35</u> rea Code Daytime Telephor	576
	Name of Person Ar	rea Code Daytime Telephor	ne Number
Enclosed is a check t	or the following amount:		
₹8125.00 Filing Fe	e \$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)
<u>M:</u>	ailing Address	Street Address	

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The	Chosen S	olution	LLC		
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street add	lress of the principal offic	e of the Limited L	iability Company is:		
<u>Principal</u>	Office Address:		Mailing Ad	dress:	
1965 Rive	er 13/4ff De 10, 2632211	N 190	65 River 1	3/4ff 12211 7632211	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own Re tive Florida registration.)	gistered Agent. Ye	's Signature: ou must designate an	individual or	
The name and the Florida street address of the registered agent are:  Ana M. Moneada Galvez  Name					
	1965 Ziver				
	Jacksonuille	? 74	32211		
	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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Mar - ·····	Ang Myoncada Galvez 1945 River Bluff Rd N Jacksonville, 72 32211
the date of filing.)	late of filing:
ARTICLE VI: Other provisions, if any,	
This document is exe I am aware that any f	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	Honcada Galvez Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

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)

Ang M. Moncada Galug 1965 Prince Bluff Rd. N Lack Somille FL 32211 and a Chosenconstruction fl. com 904) 655-3576

Submit any vecessary documents and forms request to effectuate the office of my new Corporation.

At M.