

# L99000000338

Dennis Kutty Financial Services

Requestor's Name

P.O. Box 1599

Address

Bonita Springs, FL 34133

City/State/Zip

Phone #

FILED

99 JAN 15 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600002729416--8  
-01/04/99-01105-010  
\*\*\*285.00 \*\*\*285.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Advanced Employer Solutions, LLC  
(Corporation Name) (Document #)
2. W99000000890 - Note on Computer  
(Corporation Name) (Document #)
3. Give to Brenda Tadlock  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FF#285

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	W99000000890
Availability	1/16/99
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

need  
see that  
volume  
new FL  
LA  
1/21

Examiner's Initials

Dear Dept of State

This is a letter of release to release  
the name Advanced Employer Solutions  
to Adelaide L. Kutty my wife. I  
will not revoke the articles of  
dissolution.

Dennis Kutty

Dennis Kutty

TX ID 650803317

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: **Advanced Employer Solutions L.L.C.**

## ARTICLE II - Address:

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

**Suite 301, 11680 Bonita Beach Road,  
Bonita Springs, FL 34134**

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

**Perpetual**

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**N/A**

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Walter Munoz Suite 301, 11680 Bonita Beach Rd.,  
Bonita Springs FL 34135**  
**Adelaida L. Kutty 3668 Saybrook Pl., Bonita -  
Springs FL 34134**

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

~~The conditions are:~~

**New Members will  
be admitted only  
By Unanimous Consent  
of All Members.**

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**ARTICLE VI - Members Rights to Continue Business:**

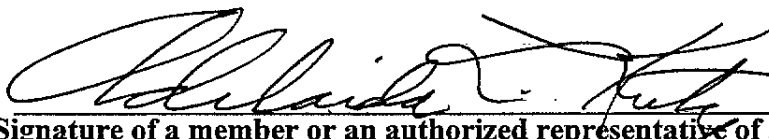
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

*The full and unfettered Right  
to continue the Business in its Current  
form with full ownership being transferred  
to the remaining member.*

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Advanced  
Employer Solutions L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 100 .

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Adelaida L. Kutty  
Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Advanced  
Employer Solutions L.L.C.

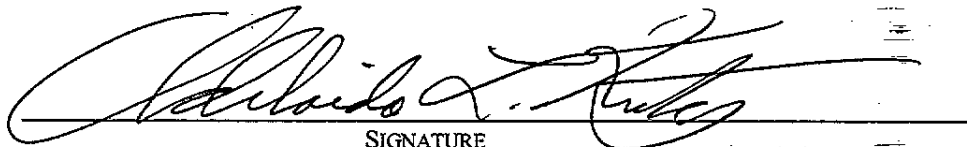
2. The name and the Florida street address of the registered agent are:

Adelaida L. Kutty ~~or Adelaida L. Kutty~~  
NAME

Suite 301, 11680 Bonita Beach Rd.  
Florida street address (P. O. Box NOT ACCEPTABLE)

Bonita Springs FL. 34135  
CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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