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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

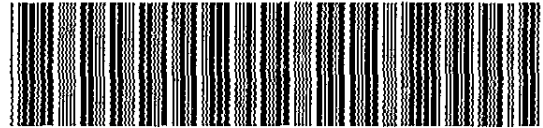
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*8/20/03
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PH3 USA, L.L.C.
(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:

JENNIFER L. McHERRON
(Name of Person)

PH3 USA, L.L.C.
(Firm/Company)

1502 W. FLETCHER AVE STE. 113
(Address)

Tampa FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER L. McHERRON at (813) 962 8173
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PH3 USA, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1502 W. FLETCHER AVE
Ste. 113
TAMPA FL 33612

Mailing Address:

1502 W. FLETCHER AVE
Ste. 113
TAMPA FL 33612

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JENNIFER L. McHERRON
Name

1502 W. FLETCHER AVE Ste. 113
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33612
City, State, and Zip

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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 608, F.S..

Jennifer L. McHerron
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager, or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JENNIFER L. McHERRON
1502 W. FLETCHER AVE.
St. 113
TAMPA FL 33612

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Jennifer L. McHerron
Signature of a member or an authorized representative of a member.

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

JENNIFER L. McHERRON
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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03 AUG 18 AM 11:10
TALLAHASSEE, FLORIDA