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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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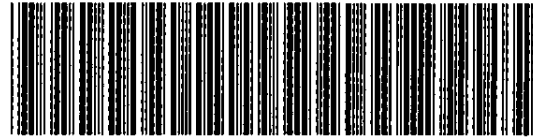
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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROVIDIUS , 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:

MICHAEL SCHIFFRIN, ESQ.

Name of Person

THE SCHIFFRIN LAW FIRM, PLLC

Firm/Company

9200 South Dadeland Blvd., Suite 208

Address

Miami, Florida 33156

City/State and Zip Code

SCHIFFLAW@ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SCHIFFRIN at **305** **539-0000**

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

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THE SCHIFFRIN LAW FIRM, PLLC

9200 South Dadeland Boulevard
Suite 208 - Dadeland Office Park
Miami, Florida 33156

Telephone: (305) 539-0000
Telecopier: (305) 539-0013

Michael Schiffrin, Esq.
schiffraw@aol.com

Jessica Schiffrin, Esq.
jessica.b.schiffirin@gmail.com

December 12, 2013

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

Re: **Providius, LLC**

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and the *Articles of Organization for Florida Limited Liability Company* with regard to **Providius, LLC**, along with our check in the amount of \$125.00 made payable to the Florida Department of State for you to register said company. I also enclose a stamped, self-addressed envelope for you to return your acknowledgement indicating that the above company has been duly reinstated.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours,

THE SCHIFFRIN LAW FIRM, PLLC

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROVIDIUS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

c/o The Schiffrin Law Firm, PLLC

9200 S. Dadeland Blvd, Suite 208

Miami, Florida 33156

Mailing Address:

c/o The Schiffrin Law Firm, PLLC

9200 S. Dadeland Blvd, Suite 208

Miami, Florida 33156

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:

MICHAEL SCHIFFRIN

Name

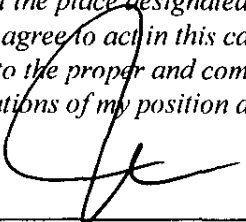
9200 S. Dadeland Blvd., Suite 208

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

Miami FL 33156

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(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 _____

Michael Schiffrin

9200 S. Dadeland Blvd, Suite 208


Miami, Florida

(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.)

REQUIRED SIGNATURE:



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. 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.)

Michael Schiffrin

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)