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

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

**Articles Of Organization  
For  
Florida Limited Liability Company**

**Professional Consulting Associates, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is Professional Consulting Associates, LLC

**ARTICLE II – Address:**

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

2070 Orchard Park Drive  
Niskayuna, New York 12309

**ARTICLE III – Duration:**

The Limited Liability Company shall dissolve no later than December 31, 2070.

**ARTICLE IV – Management:**

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


Nicholas C. Alexander  
2070 Orchard Park Drive  
Niskayuna, New York 12309

Lisa M. Alexander  
2070 Orchard Park Drive  
Niskayuna, New York 12309

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**ARTICLE V – 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: **NONE**

  
\_\_\_\_\_  
**Nicholas C. Alexander, 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 sated herein are true.)

**Filing Fee: \$100.00 for Articles and Affidavit**

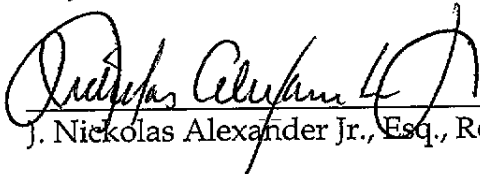
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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 Professional Consulting Associates, LLC
2. The name and the Florida street address of the registered agent is: \_\_\_\_\_

J. Nickolas Alexander Jr., Esq.  
2037 Carnes Ave  
Orange Park, Florida 33712

*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.*



J. Nickolas Alexander Jr., Esq., Registered Agent

**Filing Fee: \$ 25 for Designation of Registered Agent**

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