ANTONIO F PON		6025
-108 GABLES BLUI		
WESTON FL 333	326	
City/State/Zip Phot	ne#	
954-659-9201		
CORPORATION NAME(S) & DO	CUMENT NUMBER(S)	Office Use Only
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1. <u>PF H UNSULFING</u> L (Corporation Name)	(Document #)	<u>40000596821</u> 4 -06/25/0201028 ****125.00 ****1
2(Corporation Name)	(Document #)	
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4(Corporation Name)	(Document #)	
🔲 Walk in 🛛 Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	DZ JII) VLI AHA
Profit	Amendment	SS 25
Not for Profit Limited Liability	Change of Reg	R.A., Officer/Director
DomesticationOther	Dissolution/W	ithdrawal
OTHER FILINGS	REGISTRATION	OUALIFICATION
Annual Report	Foreign	
Fictitious Name	Limited Partne	-
	Trademark	

FROM	FAX NO. :9547411090 Jul. 23 2001 05:54AM P4
	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	ARTICLE 1 - Name: The name of the Limited Liability Company is: P&H CONSULTING LLC
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
	108 GABLES BLUD WESTON FL 33326
	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
	ANTONIO F. PONTE
	<u>108 GABLES BLVD.</u> Florida street address (P.O. Box <u>NOT</u> acceptable) WESTON FL 33326
	City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited
	ltability company at the place designated in this certificate, I kereby 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.
	Alter

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

SONIA

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)
Sourthisestry che
Signature of a member of an authorized representative of a member.
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(In accordance with section 608.408(3), Florida Sintates, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filles Feest

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HINESTROSP

\$190.00 Filing Fee for Articles of Organization 5 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)