# L02000028512

## Mark J. Pescatrice

8870 Fontainebleau Blvd. Suite 402 Miami, FL 33172 Daytime Phone: 786.282.0123

September 18, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 300007949713--4 -09/23/02-01065-003 \*\*\*\*125.00 \*\*\*\*125.00

To whom this may concern:

Inside this letter you will find the Articles of Organization for *Matrice Consulting LLC* and the appropriate filing fees. Please feel free to contact me at the phone number above if you have any questions.

Sincerely,

Mark J. Pescatrice

02 OCT 25 AM 8: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 25, 2002

MARK J. PESCATRICE 8870 FONTAINEBLEAU BLVD., SUITE 402 MIAMI, FL 33172

SUBJECT: MATRICE CONSULTING LLC

Ref. Number: W02000027815

We have received your document for MATRICE CONSULTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 602A00054390

Diane Cushing Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Matrice Consulting LLC

## **ARTICLE II - Address:**

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

8870 Fontainebleau Blvd. Ste 402, Miami FL 33172

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

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

|   | Mark J. Pescatrico   | e   |   |   |  |        |
|---|--|---|---|---|--|--------|
|   |  | lame  |   | <del></del>                                     |  | **     |
|   | 8870 Fontaineble   | au Blvd                                     | Ste 402   |   |  |        |
|   | Florida street address (F  | P.O. Box <u><b>NO</b></u>                   | T acceptable)   |   | *****                                  |        |
|   | Miami  | FI.   | 33172   |   |  |        |
|   | City, Sta  | ate, and Zip                                | " "   | -   |  |        |
| liability company at the pregistered agent and agr<br>statutes relating to the pr | egistered agent and to accordace designated in this ce<br>wee to act in this capacity.<br>Proper and complete perfor<br>Ty position as registered<br>Registe | ertificate, I<br>I further a<br>rmance of 1 | hereby acception to the property duties, and provided for i | ot the appoin<br>ply with the p<br>d I am famil | ntment as<br>provisions<br>liar with a | of all |
| ☐ The Limited Liabili   | ent (Check box if application in the company is to be man er - managed company.  |   | ne manager c  | or more man                                     | agers and                              | l is,  |
| (An add   | litional article must be ad  | lded if an e                                | ffective date   | is requested                                    | 1)                                     |        |
| Sign  | sture of a manner or an aut  | thorized rep                                | recentative of  | a member  |  | 77-    |

(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.)

MARK PESCATRICE
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)