

LO3000007244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

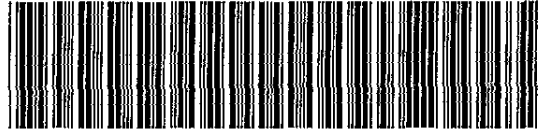
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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 944836 83930A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : February 26, 2003

ORDER TIME : 1:17 PM

ORDER NO. : 944836-005

CUSTOMER NO: 83930A

CUSTOMER: Ms. Linda Lacertosa
Frazier Hotte & Associates, Pa

Suite 826
2400 East Commercial Boulevard
Ft. Lauderdale, FL 33308

DOMESTIC FILING

NAME: PSLW, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I
NAME

The name of the Limited Liability Company is PSLW, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 8890 West Oakland Park Boulevard, Suite 201, Sunrise, Florida 33351.

ARTICLE III
MANAGEMENT

The Limited Liability Company is to be managed by one or more of the members and the name and address of the initial managing member is BLOCKBOS III, LTD., 8890 West Oakland Park Boulevard, Suite 201, Sunrise, Florida 33351.

ARTICLE III
EFFECTIVE DATE

The effective date of this Limited Liability Company is as of February 25, 2003.

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE


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

ROBERT W. FRAZIER, JR., ESQ.
FRAZIER, HOTTE & ASSOCIATES, P.A.
2400 East Commercial Boulevard, Suite 826
Fort Lauderdale, Florida 33308

*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.


Resident Agent's Signature


Signature of a member or an authorized
representative of a member

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

Robert W. Frazier, Jr., Esq., authorized representative
Typed or Printed name of signee

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