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(R	equestor's Name)	
(Address)		
(Ac	(dress)	
(City/State/Zip/Phone #)		
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Onl	



11/10/03-01048-018 **160.00



J. BRYAN NOV 1 8 2003

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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Enclosed are my articles of organization forms and check for \$160.00 for <u>Pan American</u> Information Services, LLC.

The fees are for:

- 1. Filing fee for articles of organization. \$100.00
- 2. Designation of Registered Agent \$25.00
- 3. Certified Copy \$30.00
- 4. Certificate of Status \$5.00

My information:

Lawrence Elias 1515 University Drive Suite 204-A Coral Springs, FL. 33071 954-340-6765

Thank you.

Surrence Dias 1/5/03



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TRANSMITTAL LETTER

TO: **Registration Section** Division of Corporations ERVICES SUBJECT:

(Name of Limited Liability Company)

The enclosed Articles of Organization and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED PH 2: 44 AWRENCE LIAS AMERICAN NEORMAT ERVICES LC, 1515 NIVERSITY WITT CORA 3307 (City/State and Zip Code)

For further information concerning this matter, please call:

154 <u>340-67</u> (Area Code & Daytime Telephone Num AS REAL at (elephone Number) (Name of Person)

STREET ADDRESS: **Registration Section Division of Corporations** 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLES OF ORGANIZATION	- My By A
FOR	- TO 4 4
FLORIDA LIMITED LIABILITY COMPANY	849 O.C
ARTICLE I - Name:	A COP
The name of the Limited Liability Company is:	- For to
PAN AMERICAN INFORMATION SERV	ICES, LLES
	·

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1515 UNIVERSIM DRIVE	1515 UNIVERSIM DRIVE
SUITE 204-A	SUITE 204-A
CORAL SPRINGS, FL. 33071	CORAL SPRINGS, FL. 33071

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:



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, Florida Statutes..

nence Vino Registered Agent's Signature

11/5/03

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	LAWRENCE ELIAS 1515 UNIVERS MY DRIVE STE 204-A CORAL SPRINGS, FL. 33071
	
(Use attachment if necessary)	ALLAHASSED P
\wedge	added if an effective date is requested. France R.
REQUIRED SIGNATURE:	withorized representative of a member.
of this document constitutes an a that the facts stated herein arc tr	408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)
LAWRENCE Typed or pri	tel 1
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent	"503

\$ 25.00

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)