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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAR Enterprise Services L.L.C
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Nicholas S. Cutts
(Name of Person)

PAR Enterprise Services
(Firm/Company)

737 Pinellas Bayway #205
(Address)

Tierra Verde, FL 33715
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas S. Cutts at (727) 510-0476
(Name of Person) (Area Code & Daytime Telephone Number)

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAR Enterprise Services L.L.C.**ARTICLE II - Address:**

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

Principal Office Address:737 Pinellas Bayway #205
Tierra Verde FL 33715**Mailing Address:**737 Pinellas Bayway #205
Tierra Verde, FL 33715**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Nicholas S. Cutts
Name737 Pinellas Bayway #205
Florida street address (P.O. Box NOT acceptable)Tierra Verde FLORIDA 33715
City, State, and Zip03 NOV 20 AM 10:18
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TALLAHASSEE, FLORIDA

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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..

Nicholas S. Cutts
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMNicholas S. Cutts
737 Pinellas Bayway #205
Tierra Verde FL 33715

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Nicholas S. Cutts

Signature of a member or an authorized representative of a member.

(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.)

NICHOLAS S. CUTTS

Typed or printed name of signer

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)