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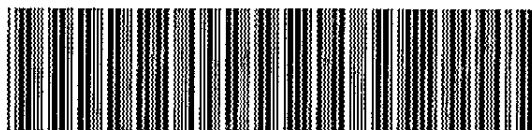
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Public Sector Ventures, LLC  
(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:

D. John Won

(Name of Person)

Public Sector Ventures, LLC

(Firm/Company)

651 Okeechobee Boulevard, Unit 410

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

D. John Won

(Name of Person)

at ( 561 ) 876-7029

(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  
PUBLIC SECTOR VENTURES, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is **Public Sector Ventures, LLC**.

**ARTICLE II - ADDRESS**

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

**Principal Office Address**

651 Okeechobee Boulevard, Unit 410  
West Palm Beach, FL 33401

**Mailing Address**


651 Okeechobee Boulevard, Unit 410  
West Palm Beach, FL 33401

**ARTICLE III - REGISTERED AGENT**

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

D. John Won  
Public Sector Ventures, LLC  
651 Okeechobee Boulevard, Unit 410  
West Palm Beach, FL 33401

*Having been named as registered agent and to accept service for the above stated limited liability company at the place designated in this certificate, I hereby accept 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)**

**Title**

**Name and Address**

Managing Member and Member

Public Sector Group, Inc.  
651 Okeechobee Boulevard, Unit 410  
West Palm Beach, FL 33401  
Authorized Representative: D. John Won

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a Member or 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.)

D. John Won  
\_\_\_\_\_  
Typed or Printed Name of Signee

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