

L04000073911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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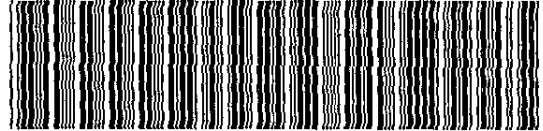
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONALS REFERRAL NETWORK, 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:

PAUL MANDEL  
(Name of Person)

(Firm/Company)

10115 WEST SAMPLE ROAD  
(Address)

CORAL SPRINGS, FLORIDA 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MANDEL at ( 954 ) 344-8420  
(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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PROFESSIONALS REFERRAL NETWORK, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

**Mailing Address:**

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

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

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

PAUL MANDEL

Name

10115 WEST SAMPLE ROAD

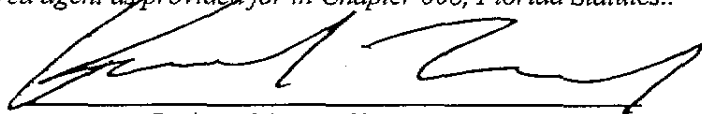
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS, FLORIDA 33065

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*



Registered Agent's Signature

**ARTICLE IV-**

**Managing Member(s):**

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

**Title:**

**Name and Address:**

"MGRM" = Managing Member

MGRM

PAUL MANDEL

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

MGRM

STEVEN GOTTLIEB

7463 NW 124 AVENUE

PARKLAND, FLORIDA 33076

MGRM

STEPHANIE BRAUNSTEIN

6672 NW 98 DRIVE

PARKLAND, FLORIDA 33076

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested

**REQUIRED SIGNATURE:**

  
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.)

STEVEN GOTTLIEB

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)

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