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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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

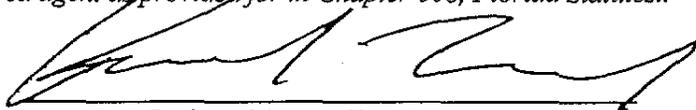
Florida street address (P.O. Box **NOT** acceptable)

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

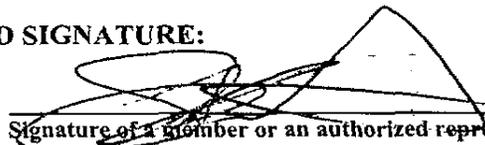
MGRM

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 signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)