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Fax Number : (850)205-0383

From:

Account Name : FRANCIS X. CASTORO, P.A.  
Account Number : I20020000153  
Phone : (954)922-0505  
Fax Number : (954)922-4674

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**LIMITED LIABILITY COMPANY**

**P.A.B. CONSULTING, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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LAW OFFICES OF  
**FRANCIS X. CASTORO, P.A.**  
2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FLORIDA 33020  
TELEPHONE: 954-922-0505  
TELECOPIER: 954-922-4674

May 17, 2005

Attn: ELECTRONIC FILING / FACSIMILE SECTION  
FLORIDA DEPARTMENT OF STATE  
P. O. Box 6327  
Tallahassee, Florida 32314

FAX NUMBER: : PAGE SENT: 3

RE: FORMATION OF LIMITED LIABILITY COMPANY

ACCOUNT NUMBER: I200200000153

LLC BEING FORMED P.A.B. CONSULTING, LLC

Dear Ms. Secretary:

Enclosed also please:

- A. ARTICLES OF ORGANIZATION
- B. DESIGNATION OF REGISTERED AGENT

BILLING: Please charge the Filing Fee to the above-noted Account.

After filing, please forward the CERTIFICATE representing the filing of the above LLC TO:

FRANCIS X. CASTORO, Esq.  
LAW OFFICES OF FRANCIS X. CASTORO, P.A.  
6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309

If you have any comments or questions, please do not hesitate to contact my office.

Sincerely,

Frank Castoro  
FXC/jg  
encls.

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**ARTICLES OF ORGANIZATION  
FOR  
P.A.B. CONSULTING, LLC**

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**ARTICLE I - NAME**

The name of the Limited Liability Company is: **P.A.B. CONSULTING, LLC**, a Florida Limited Liability Company.

**ARTICLE II - ADDRESS**

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

**1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060**

**ARTICLE III - EFFECTIVE DATE / DURATION**

The Effective Date of this filing is: **MAY 17, 2005**. The period of duration for the Limited Liability Company shall be: **PERPETUAL**.

**ARTICLE IV - MEMBERS**

The Members of this Limited Liability Company LLC are:

**PHILIP BACIGALUPPI  
1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060**

**ANGELA BACIGALUPPI  
1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060**

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**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the existing Members to admit additional Members and the terms and conditions of the admissions shall be only upon the express unanimous approval of the existing Members.

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05/17/05

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**ARTICLE VI - MANAGEMENT**


The Limited Liability Company is to be co-managed by the following named co-Managing Members. The name and address of the co-Managing Members are:

**PHILIP BACIGALUPPI**  
1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060

**ANGELA BACIGALUPPI**  
1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060

The following reflects the signature of a Member or authorized representative of a Member. In accordance with section 608.408(3), Florida Statutes, the execution of this instrument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**ACKNOWLEDGED AND AUTHORIZED:**



**PHILIP BACIGALUPPI**  
CO-MANAGING MEMBER

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: P.A.B. CONSULTING, LLC
2. The name and address of the Registered Agent and office is:  
PHILIP BACIGALUPPI  
1611 S.W. 3RD AVENUE  
POMPANO BEACH, FLORIDA 33060

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.

  
BY: PHILIP BACIGALUPPI

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