# 050000554458

Division of Corporations
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ECENTED FISH

To:

Division of Corporations

Fax Number : (850)205-0383

<del>----</del>-

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

# LIMITED LIABILITY COMPANY

psr1 capital, llc

Certificate of Status 0
Certified Copy 1
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Estimated Charge \$155.00

105-54458





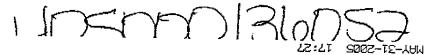
### ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABITETY COMPANI

PSR1 Capital,	rrc	
ARTICLE I	I - Address:	
The mailing	address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
2385 NW Executive Center Drive		2385 NW Executive Center Drive
4th Floor - Suite 4001		
4th Floor - Sui	ite 4001	4th Floor - Suite 4001
Boca Raton, F	L 33431 II - Registered Agent, Re	4th Floor - Suite 4001 Boca Raton, FL 33431 gistered Office, & Registered Agent's Signature:
Boca Raton, F	L 33431 II - Registered Agent, Red d the Florida street address	Boca Raton, FL 33431 gistered Office, & Registered Agent's Signature: of the registered agent are:
Boca Raton, F	L 33431 II - Registered Agent, Re	Boca Raton, FL 33431 gistered Office, & Registered Agent's Signature: of the registered agent are:
Boca Raton, F	L 33431 II - Registered Agent, Red d the Florida street address Michael R. Presley, E	Boca Raton, FL 33431 gistered Office, & Registered Agent's Signature: of the registered agent are:
Boca Raton, F	L 33431  II - Registered Agent, Red the Florida street address Michael R. Presley, E	Boca Raton, FL 33431  gistered Office, & Registered Agent's Signature:  of the registered agent are:  sq.  Name
Boca Raton, F	L 33431  II - Registered Agent, Red the Florida street address Michael R. Presley, E	Boca Raton, FL 33431  gistered Office, & Registered Agent's Signature:  of the registered agent are:  eq.  Name  Senter Drive - Suite 4001

Registered Agent's Signature

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGRM	MBP Family Limited Partnership
	1406 Whispering Woods Way
	Deland, FL 32724
**************************************	
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
$\mathcal{A}$	1
THAT!	0
Signature of a u	nember or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Staures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael R. Presley, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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