

L05000054662

Jun 05 08:48:00 PARCORP SERVICES, LTD. 0033411 p. 1
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000137514 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PARCORP SERVICES, LTD.
Account Number : 119990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461 800-398-0461

RECEIVED
05 JUN -2 AM 9:48-
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

PERSONAL ASSET MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Name Availability	
Document Examiner	DOC
Updater	DOC
Validator	DOC
https://efile.sunbiz.org/scripts/efilcovr.exe	
Validator	DOC

FILED
2005 JUN 2 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/2/2005

(((H05000137514 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PERSONAL ASSET MANAGEMENT LLC**ARTICLE II - Address:**

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

Principal Office Address:14 ISLAND DRIVE
TREASURE ISLAND, FL 33706**Mailing Address:**14 ISLAND DRIVE
TREASURE ISLAND, FL 33706**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

DENA MINNING

Name

14 ISLAND DRIVEFlorida street address (P.O. Box NOT acceptable)TREASURE ISLAND, FL 33706

City, State, and Zip

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, F.S..


Registered Agent's Signature

(CONTINUED)

(((H05000137514 3)))

Page 1 of 2

FILED
2005 JUN -2 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H05000137514 3)))

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

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

Title:

"MGR" - Manager

"MGRM" = Managing Member

Name and Address:MGRDENA M. MINNING14 ISLAND DRIVETREASURE ISLAND, FL 33706______________________________

(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.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signer

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(((H05000137514 3)))

2005 JUN -2 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED