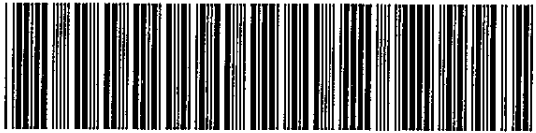


W05000099508

2005 OCT -3 P 3 119

SECRETARY OF STATE

(Requestor's Name) W05000099508



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08/22/05--01018--002 \*\*125.00

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*W05-39955*  
**AL I I**

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

2005 OCT -3 P 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 23, 2005

EDWARD KENNEDY  
9393 WEST SAMPLE ROAD  
SUITE 204  
CORAL SPRINGS, FL 33065

SUBJECT: PASSIVE AGGRESSIVE LIMITED LIABILITY COMPANY  
Ref. Number: W05000039955

We have received your document for PASSIVE AGGRESSIVE LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 605A00053520

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2005 OCT -3 P 3:49

**SUBJECT:** Passive Aggressive Limited Liability Company  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Kennedy, Solicitor  
(Name of Person)

Hess | Kennedy | Morgan  
(Firm/Company)

9393 West Sample Road, Suite 204  
(Address)

Coral Springs, FL 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Kennedy at ( 954 ) 752-1950  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

FILED

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

2007 JUN 3 49  
REPUBLIC OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PASSIVE AGGRESSIVE LIMITED LIABILITY COMPANY

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

EDWARD KENNEDY, SOLICITOR  
9393 WEST SAMPLE ROAD, SUITE 204  
CORAL SPRINGS, FL 33065

EDWARD KENNEDY, SOLICITOR  
9393 WEST SAMPLE ROAD, SUITE 204  
CORAL SPRINGS, FL 33065

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

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

Michael Milton

Name

9393 West Sample Road

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

CORAL SPRINGS FL 33065

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..*

*Michael Milton*

Registered Agent's Signature

(CONTINUED)

**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:**

MGRM

Passive Limited Liability Company

9393 West Sample Rd. Suite 204

Coral Springs, FL 33065

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

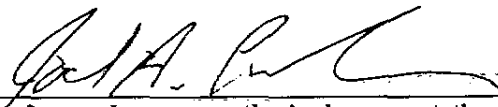
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(Use attachment if necessary)

**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.)

Joel Carlsen, MGRM

Typed or printed name of signee

**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)**

**FILED**

065 OCT -3 P 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA