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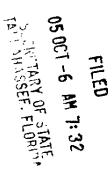
(Daniel Many)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
Special maddening to 1 milg Officer.	
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Office Use Only



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J. Shivers OCT 11 2005

COVER LETTER

	on Section of Corporations			
SUBJECT: PA	SH 2000, LLC			
	(Name of Limit	ted Liability Company)		
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.		
Please return all co	rrespondence concerning this mat	ter to the following:		
wade	heath van elswyck			
		(Name of Person)		
pash 2	000			
<u> </u>		(Firm/Company)		
23 alat	faya woods blvd #	177		
20 0,0	iaya woodo bwa w	(Address)		
oviedo	fl 32765			
	(Cit	y/State and Zip Code)		
For further information	tion concerning this matter, please	e call:	TAL S.	, 1
wade van el	swyck	at (321) 377-22	64 ER 5	<u> </u>
	lame of Person)	(Area Code & Daytime T	64 Celephone Number)	FILED FILED
Enclosed is a chec	k for the following amount:		E, F	主山
\$125.00 Filing F	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, PACE Certificate of Status & Certified Copy (additional copy is enclosed)	: 32
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	e: nited Liability Company	y is:	
		,	
PASH 2000, LLC	}		
(Must end with the words	"Limited Liability Company, "I	imited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Add	iress:		
The mailing address	and street address of the	e principal office of the Limited Liabi	lity Company is:
Principal Office Ac	ldress:	Mailing Address:	
23 alafaya woods bly	∕d	23 alafaya woods bivd	
#177		#177	
oviedo fl 32765		oviedo fl 32765	
	lorida street address of t	•	OS OCT
-		ame	湯子尼
23 alafaya woods bly		vd #177	EF.O.
2		t address (P.O. Box NOT acceptable)	707
(oviedo fl 32765	FI.	P. 38
-		ate, and Zip	,
liability company registered agent and	y at the place designated d agree to act in this cap	I to accept service of process for the abo in this certificate, I hereby accept the a acity. I further agree to comply with the e performance of my duties, and I am fa	ppointment as e provisions of all
		egistered agent as provided for in Chap	
	Mol	14	
	Registered Agent's Si	Shature (REOUIRED)	

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
mgr	wade heath van elswyck 23 alafaya woods bivd oviedo fl 32765	
·····		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mut to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	/ /	05 TA:

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

wade heath van elswyck

that the facts stated herein are true.)