

Division of Corporations

Page 1 of 1

06 0000 45236

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.

(((H06000120345 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 : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

SECRETARY OF  
TALAMON'S  
2006 MAY -1 AM 9:51

2006 MAY -1 AM 9:51

FILED

RECEIVED  
06 MAY -1 AM 9:20  
DIVISION OF CORPORATION

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

PTX Global, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

06-45236  
JR

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

The name of the Limited Liability Company is:

PTX Global, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**19101 NE Mystic Pointe Drive#401Aventura, FL 33180**Mailing Address:**19101 NE Mystic Pointe Drive#401Aventura, FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul Salver, PA

Name

2721 Executive Park Drive, #3Florida street address (P.O. Box NOT acceptable)WestonFL 33331

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

2006 MAY - 1 AM 9:57  
RECEIVED  
SECRETARY OF STATE  
CORPORATE SERVICES DIVISION

FILED

**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:**MGREleazar Lujan19101 NE Mystic Pointe Dr., #401Aventura, FL 33180MGREgildo Lujan19101 NE Mystic Pointe Dr., #401Aventura, FL 33180

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

EGILDO LUJAN

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)