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COVER LETTER

1.

Division of Co			
SUBJECT: PSLIF	RC, LLC		
		d Liability Company)	 _
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	•
Amy J. G	alloway, Esq.	Name of Person)	·
Duke Mul	lin & Galloway, P	,	
	·	Firm/Company)	
1700 E. I	Las Olas Blvd., F	PH-1	د د
		(Address)	SEC SEC
Fort Lau	derdale, FL 333	01	RETU AHA
<u></u>	(City	/State and Zip Code)	SSET S
For further information	concerning this matter, please	call:	OF STA
Amy J. Galloway at (954) 761-7200			
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSLIRC, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3125 NW 25 Avenue Pompano Beach, FL 33069 3125 NW 25 Avenue Pompano Beach, FL 33069

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

Burrell & Care

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

James E. Martin 3125 NW 25 Avenue Pompano Beach, FL 33069

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

The same of the Control of the second of the

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

MGRM

Name and Address:

IRC Services, LLC 3125 NW 25 Avenue Pompano Beach, FL 33069

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.)

James E. Martin, Chief Manager IRC Services, LLC

Typed or printed name of signee

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G/CLIENTS/1539/0005/PSLIRC, LLC/Articles of Organization,wpd (1997), (1997), (1997), (1997)