

LD60000104243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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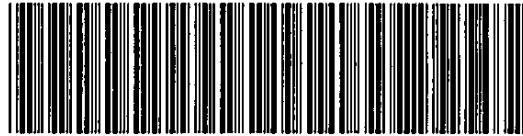
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 OCT 25 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Outman OCT 26 2006

TO: Registration Section
Division of Corporations

SUBJECT: Professional Business Development Group, LLC

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

Please return all correspondence concerning this matter to the following:

David Wolf
Wood, Atter & Associates, P.A.
333-1 East Monroe Street
Jacksonville, Florida 32202

For further information concerning this matter, please call:

David Wolf at (904) 355-8888

Enclosed is a check for the following amount: \$125.00 Filing Fee

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
OF
PROFESSIONAL BUSINESS DEVELOPMENT GROUP, LLC**

ARTICLE I - NAME

The name of the limited liability company is Professional Business Development Group, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
2220 County Road
Suite 108 #426
Jacksonville, Florida 32259

Mailing Address:
2220 County Road
Suite 108 #426
Jacksonville, Florida 32259

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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Mark D. Harvey
998 Garrison Drive
St. Augustine, Florida 32092

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..



Mark D. Harvey

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

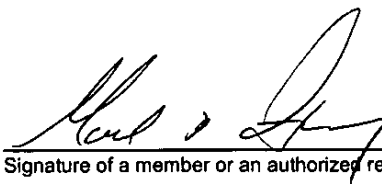
"MGMR" = Managing Member

Name and Address:

MGR

Mark D. Harvey
998 Garrison Drive
St. Augustine, FL 32092

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.)

Mark D. Harvey

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

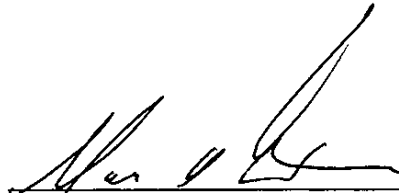
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **PROFESSIONAL BUSINESS DEVELOPMENT GROUP, LLC**, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is
Professional Business Development Group, LLC.

2. The name and the Florida street address of the registered agent and office are:
Mark D. Harvey
998 Garrison Drive
St. Augustine, Florida 32092

(Post office box is NOT acceptable.)

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, Florida Statutes.



Mark D. Harvey
Registered Agent

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TALLAHASSEE, FLORIDA