

**L06000111277**

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.

((H06000277365 3))



H060002773653ABC3

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 : FAS-T CORP. AGENTS, INC.  
 Account Number : 071001002335  
 Phone : (305)599-0839  
 Fax Number : (305)716-0346

*SBM*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV 16 PM 10:30

FILED

RECEIVED

06 NOV 16 PM 2:55

DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**PIERCE, HALLER & ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PIERCE, HALLER & ASSOCIATES, LLC**

**ARTICLE II - Address:**

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

**290 NW 165 STREET #M100**  
**MIAMI, FL 33169**

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

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

**Gloria Nader**  
Name  
**290 NW 165 Street #M100**  
Florida street address (PO Box NOT acceptable)  
**Miami, FL 33169**  
City, State, and Zip

FILED  
06 NOV 16 PM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 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

**ARTICLE IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

An additional article must be added if an effective date is requested

\_\_\_\_\_  
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.)

\_\_\_\_\_  
Typed or printed name of signee

November 16, 2006  
Date