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Florida Department of State

Division of Corporations Public Access System

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(((H070000397843)))



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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 Phone : (305)461-4400

Fax Number : (305)461-4403

07 FEB 13 PM 12: 59

SECREPATE OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ponce Consulting Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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2/13/2007

(H07000039	7843)
ARTICLES OF ORGANIZATION FOR FLORIDA LIM	ITTED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	FLB 13 AT
Ponce Consulting Group, LLC	,0 22
(Must end with the words "Limited Liability Company, "Limited Company" or the	ir abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address: Mailing Ad	dress:
7117 NW 20 Place 7117 NW 20 Pl	ace
Gainesville, FL 32605 Gainesville, FL	-32805
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registered Agent. You m business entity with an active Florida registration.)	gistered Agent's Signature:
The name and the Florida street address of the registered agen	tare: garage faces to
United States Registered Agents, Inc.	
Name	
329 Granello Avenue	
Florida street address (P.O. Box N	OT acceptable)
Miami FL 33146	

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..

City, State, and Zip

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

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

	ii R" = Manager RM" = Managina	g Member		Name and Address:	OTFEB 13
					CORPORATIONS CORPO
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	<u> </u>	of Port		and the second	
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is Styppertic			· · · · · · · · · · · · · · · · · · ·	The second second second second second	
ARTICLE V	attachment if ned 7: Effective date, to date is listed, to after the date of	if other than th	e date be spe	of filing:ecific and cannot be more than five	. (OPTIONAL) business days prior
REC	<u>UIRED</u> SIGNA	TURE:			

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.)

John L. Hofmann

Typed or printed name of signee

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)

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