

W07000035669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

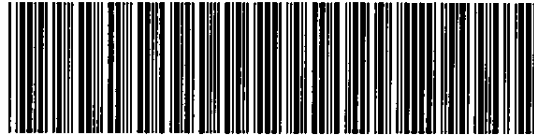
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

FILED

W07-35669  
OR

EFFECTIVE DATE  
3-26-07

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: P3 BUSINESS SOLUTIONS, LLC**  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

**PAUL R. SHORT**

(Name of Person)

**PROFESSIONAL ACCOUNTING ASSOCIATES, INC,**

(Firm/Company)

**1214 WEST BEARSS AVENUE**

(Address)

**TAMPA, FLORIDA 33613**

(City/State and Zip Code)

For further information concerning this matter, please call:

**PAUL R. SHORT**

(Name of Person)

at

**(813) 964-1111**

(Area Code & Daytime Phone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee  
Certificate of Status

☒ \$155.00 Filing Fee &  
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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION  
FOR  
P3 BUSINESS SOLUTIONS, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**P3 BUSINESS SOLUTIONS, 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:**

**Mailing Address:**

**14105 WINSLOW PLACE**  
**TAMPA, FLORIDA 33624**

**14105 WINSLOW PLACE**  
**TAMPA, FLORIDA 33624**

**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 R. SHORT**

Name

**1214 WEST BEARSS AVENUE**

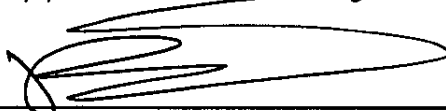
Florida street address (P.O. Box **NOT** acceptable)

**TAMPA, FLORIDA 33613**

City, State, and Zip

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*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**

EFFECTIVE DATE  
**3-26-07**

**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:**

MGRM

JOSEPH M PERVAN

14105 WINSLOW PLACE

TAMPA, FLORIDA 33624

(Use attachment if necessary)

**ARTICLE V - Effective date:**

Effective date, if other than the date of filing: March 26, 2007 . (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.)

JOSEPH M PERVAN

Typed or printed name of signee

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