

LO7000065647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

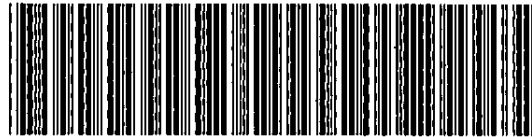
(Document Number)

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CERT- 5.00

06/25/07--01003--006 \*\*5.00

06/22/07--01001--012 \*\*185.00

RECEIVED  
07 JUN 21 PM 3:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
07 JUN 21 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
07 JUN 21 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 06/21/07

REF. #: 000150.70375

CORP. NAME: PBSM, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 521828 FOR \$ 185.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> CERTIFIED COPY -* NEED TWO | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> PLAIN STAMPED COPY                    |  |
| <input type="checkbox"/> CERTIFICATE OF STATUS                 |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**PBSM, LLC**

**ARTICLE I**

The name of the limited liability company is PBSM, LLC.

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is 5121 Granada Blvd., Coral Gables, Florida 33146.

**ARTICLE III**

The name and the Florida street address of the registered agent of the limited liability company is:

Pablo Bravo  
5121 Granada Blvd.  
Coral Gables, Florida 33146

*Having been named as the 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.*

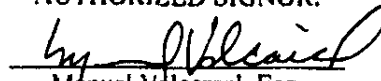
Date: June 21, 2007

  
\_\_\_\_\_  
Pablo Bravo (Registered Agent's Signature)

**FILED**  
07 JUN 21 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

AUTHORIZED SIGNOR:

  
Manuel Valcarcel, Esq.

MIA 179659453v1