

Division of

607000108905

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PROFESSIONAL MINORITY ASSOCIATION LLC

Certificate of Status	0
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FEELIVE DATE

10-25-07

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PROFESSIONAL MINORITY ASSOCIATION LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**7750 TAFT STREET STE 4**  
**PEMBROKE PINES FL 33024**

**Mailing Address:**

**7868 NW 17<sup>TH</sup> PLACE**  
**PEMBROKE PINES FL 33024**

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

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

**CHARMAINE LAING**  
**7868 NW 17<sup>TH</sup> PLACE**  
**PEMBROKE PINES FL 33024**

*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)

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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:

**Title: Name and Address:**

**CHARMAINE LAING-MANAGING MEMBER  
7868 NW 17<sup>TH</sup> PLACE  
PEMBROKE PINES, FL 33024**

**CECELIA HARTY-MANAGER  
10808 GARDEN RIDGE COURT  
DAVIE, FL 33328**

**ARTICLE V: Effective date, if other than the date of filing: 10/25/07**  
(If an effective date is listed, the date must be specific and cannot be  
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.)**

Charmaine Laing  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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