

**EXAMINER**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT:

Professional Services Consulting 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:

Patricia Curry  
(Name of Person)

Professional Services Consulting LLC  
(Firm/Company)

9154 S.W. 132 Lane Miami Fla. 33176  
(Address)

Mia. 11, Fla. 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Curry  
(Name of Person)

at ( 305 ) 378.4186  
(Area Code & Daytime Telephone 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Services Consulting LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

9154 S.W. 132 Lane  
Mia. Fl 33176

#### Mailing Address:

9154 S.W. 132 Lane  
Mia. Fl 33176

### 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:

Patricia Curry  
Name

9154 S.W. 132 Lane

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

Mia FL 33176  
City, State, and Zip

08 FEB 22 PM 12: 04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

*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..*

Patricia Curry  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

MGRM

MGRM

**Name and Address:**

Patricia Curry  
9154 SW 132 Lane  
Mia. Fl. 33176

John H. Curry  
9154 SW 132 Lane  
Miami FL 33176

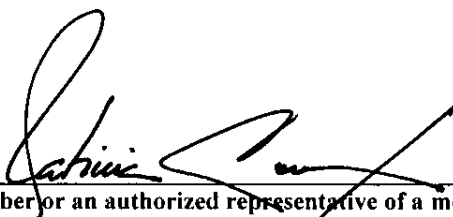
John Patrick Curry  
9154 S.W. 132 Lane  
Mia. Fl. 33176

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Feb. 28, 2008 (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.)

Patricia Curry  
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)**