

LOG000041084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

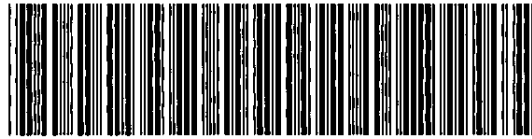
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600113476836

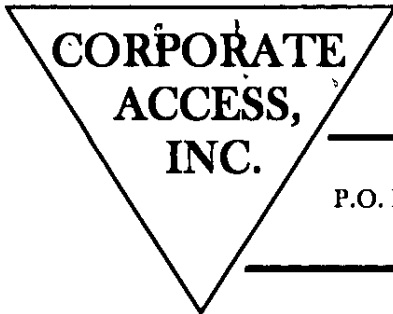
04/24/08--01024--015 \*\*125.00

FILED  
08 APR 24 AM 8:30  
RECEIVED  
08 APR 24 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

APR 25 2008

EXAMINER



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

### WALK IN

PICK UP:

4/24/06 BL

FILED  
08 APR 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1.

PS Laser GP, LLC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
of  
PS Laser GP, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

**ARTICLE I: NAME**

The name of the Limited Liability Company is **PS Laser GP, LLC**.

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **17596 Lake Estate Drive, Boca Raton, Florida 33496**.

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT'S SIGNATURE**

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

**Lawrence N. Rosen  
21170 N. E. 22<sup>nd</sup> Court  
North Miami Beach, Florida 33180**

*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

FILED  
08 APR 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV: MANAGER(S) or MANAGING MEMBER(S):**

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

Title:

"MGR"=Manager

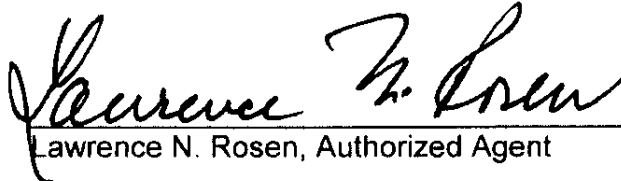
"MGRM"=Managing Member

Name and Address:

**MGRM**

**Phyllis Sandler  
17596 Lake Estate Drive,  
Boca Raton, Florida 33496**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Lawrence N. Rosen, Authorized Agent

*(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.)*