

L08060045131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

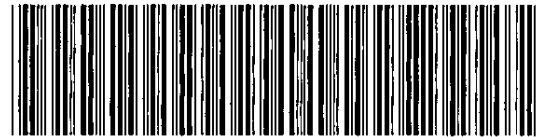
(Business Entity Name)

(Document Number)

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05/07/08--01001--001 **155.00

RECEIVED
08 MAY -6 PM 1:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 6 2008

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

FILED
08 MAY -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 05/06/2008

REF. #: 000409.86481

CORP. NAME: PROCESS MANAGEMENT SOLUTIONS 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# 525971 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input 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
PROCESS MANAGEMENT SOLUTIONS LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **PROCESS MANAGEMENT SOLUTIONS LLC**

ARTICLE II: - Address

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

2500 NW 79th Avenue, Suite 101
Miami, Florida 33122

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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.


CorpDirect Agents, Inc., Registered Agent

By: 
Name: **Ricky Soto**
Title: **Assistant Secretary**

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

Signed and dated this 2 day of May, 2008.



William E. Beckham
Authorized Representative

(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.)

William E. Beckham
Typed or printed name of signee

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