L08000051008

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

WALLANCESE EL ORIDA

T. HAMPTON

MAY 2 2 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Personal Ass (Name of Limited	sistant, LL(Liability Company)	2
The enclosed Articles of	of Organization and fee(s) are sul	brnitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
Ruth	M. Palam	ame of Person)	
Per50	nal Assistant	LLC ifm/Company)	
445	Rainbow Dr	(Address)	
Cass	elberry, FL	32707 State and Zip Code)	
For further information	concerning this matter, please co	all:	
Ruth (Page	gy) Palamar 2 2 of Person)	at (407) 923-7 (Area Code & Daytime Tele	b 24 5 phone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	S130.00 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 C	ircle



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 08 MAY 22 PH 4: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 12, 2008

RUTH M PALAMAR 445 RAINBOW DR CASSELBERRY, FL 32707

SUBJECT: PERSONAL ASSISTANT, LLC

Ref. Number: W08000023595

We have received your document for PERSONAL ASSISTANT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P99000002368 (PERSONAL ASSISTANTS, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 208A00030116

Registration/Qualification Section

Effective Date 66 01 08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
PERSOIVAL ERRANDS (Must end with the words "Limited Liabili	FOR YOU, LLC. ty 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:	Mailing Address:			
445 Rainbow Drive Casselberry, FL 32707	Same.			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration of the registration of the registration.	egistered agent are:			
Florida street addi Casse perry City, State, an	ress (P.O. Box NOT acceptable) FL 32707 and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited ais certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Suth M (A) Registered Agent's Signatu	alanar Second Regulation of the Regulation of th			

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ruth M. Palamar 445 Rainbow Prive Casselherry FL 32707
(Use attachment if necessary)	say Tuna 1 942 (opproved)
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be specified to or 90 days after the date of filing.)	e of filing: JUNE / LIDE . (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member or	Balaman an authorized representative of a member.
(In accordance with section	o 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury

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)

Page 2 of 2

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SECRETARY OF STATE
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