

LD8000082185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

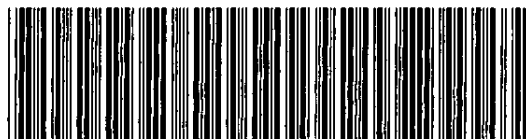
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Intellectual Property and
Commercial Law Group PLC**

*IPCL
Group PLC*

Anthony Tacconi, Esquire

P.O. Box 4735
Glen Allen, Virginia 23058
Phone : 804.658.1108
Fax : 804.346.4957
atacconi@va-ipcl.com

August 20, 2008

VIA EXPRESS MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: PRISM PROFESSIONAL SERVICES, LLC


Dear Sir or Madam:

The enclosed Articles of Organization and fee (Check No. 1040 in the amount of \$125.00) are enclosed for filing. Please return all correspondence in this matter to my attention as follows:

Anthony Tacconi
IPCL Group PLC
P.O. Box 4735
Glen Allen, Virginia 23058
(804) 658-1108

Also, please feel free to contact me with any questions or if additional information may be required. Thank you for your assistance with this matter.

Sincerely,



Anthony Tacconi

AT/
enclosure

Intellectual Property and Commercial Law Group PLC
4860 Cox Road, Suite 200
Glen Allen, Virginia 23060
www.va-ipcl.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRISM PROFESSIONAL SERVICES, 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:

11904 Mandevilla Ct.

Tampa, Florida 33626

Mailing Address:

11904 Mandevilla Ct.

Tampa, Florida 33626

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:

Gregory Alan Firestone

Name


11904 Mandevilla Ct.

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

Tampa, FL 33626

City, State, and Zip

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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TALLAHASSEE FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Timothy J. Callahan

3817 Rupert Lane

Richmond, Virginia 23233-7047

MGRM

Gregory Alan Firestone

11904 Mandevilla Ct.

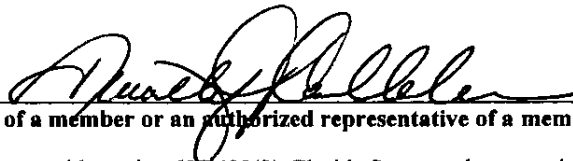
Tampa, Florida 33626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

TIMOTHY J. CALLAHAN

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)