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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PAS Investments, 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:
Peter A. Shapiro, Esq.
(Name of Person)
(Firm/Company)
211 East Livingston Street
Orlando, M 32801 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Peter Shair at (407) 420-1044 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee, }\times \text{\$Certificate of Status} \$Certified Copy & Certificate of Status & Certified Copy & Certi
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

mark out

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PAS and Mark Investments, CC (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: Mailing Address:
2/1 East LivingSton St. Orlando, PL 32801 Driando, PL 32801 Driando, PL 32801
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 mother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Peter A. Shapiro Esquire Name 211 East Livingston Street 33
211 East Livingston Street 37 3
Florida street address (P.O. Box NOT acceptable)
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

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days pr 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.)

Reter A. Shapiro
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)