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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOO

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EXAMINER



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03/02/09--01021--021 **50.00

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SECRETARY OF STATE OF OTHER DIVISION OF CURRENCE ATTOM

COVER LETTER

то:	Registration Section Division of Corporations	•
SUBJI	CCT: Prestige Consulting Ser	vices Group LLC
30001		ted Liability Company)
The en	closed Articles of Organization and fee(s) are	submitted for filing.
	return all correspondence concerning this ma	<u>-</u>
	Chezne Brown	l _{init}
	01102110 010411	(Name of Person)
		(Firm/Company)
	3959 Van Dyke Road #155	
		(Address)
	Lutz, FL 33558	
	(Ci	ity/State and Zip Code)
For fur	ther information concerning this matter, pleas	se call:
Che	zne Brown	at(_813787 2952
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
✓ \$125.	00 Filing Fee \$\bigcip\\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
Prestige Consulting Services C	Group LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
3959 Van Dyke Road #155	3959 Van Dyke Road #155	
Lutz, FL 33558	Lutz, FL 33558	
	stered Office, & Registered Agent's Signature n Registered Agent. You must designate an individual or another	ר ם
The name and the Florida street address of	f the registered agent are:	SECR SECR
Chezne Brown		5 %A
	Name) 기가
3959 Van Dyke I	Road #155	2 39

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..

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

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Lutz, FL 33558

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	Name and Address:
"MGRM" = Managing Member	er
MGRM	Chezne Brown
	3959 Van Dyke Road #155
	Lutz, FL 33558
MGRM	Kawri Brown
	2032 Black Lake Blvd
	Winter Garden, FL 34787
(Use attachment if necessary)	
(Ose and official in necessary)	
LE V: Effective date, if other t	han the date of filing: (OPTIONA
ffective date is listed, the date i	must be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	
11/	2,
, , ,	
Signature of a	member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee