

L09000044398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

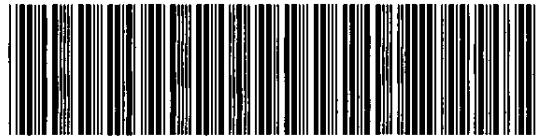
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
09 MAY - 6 AM 10: 56

T. HAMPTON

MAY - 7 2009

EXAMINER

L09000044398

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Parssi & Associates of the Palm Beaches, PL
(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:

Bijan Parssi

(Name of Person)

Parssi & Associates of the Palm Beaches, PL

(Firm/Company)

6141 Lake Worth Road

(Address)

Lake Worth, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Bijan Parssi

(Name of Person)

at (**561**) **965-1957**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 17, 2009

BIJAN PARSSI
6141 LAKE WORTH RD
LAKE WORTH, FL 33463

SUBJECT: PARSSI & ASSOCIATES OF THE PALM BEACHES, PL
Ref. Number: W09000018097

We have received your document for PARSSI & ASSOCIATES OF THE PALM BEACHES, PL 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 specific purpose of the entity must be set forth in the document.

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
Registration/Qualification Section

Letter Number: 309A00012969

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parssi & Associates of the Palm Beaches, PL

(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:

6141 Lake Worth Road
Lake Worth, FL 33463

6141 Lake Worth Road
Lake Worth, FL 33463

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:

Kimberley Spire-Oh, Esq.

Name

1904 Ascott Road

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

Juno Isles FL 33408

City, State, and Zip

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09 MAY - 6 AM 10: 56

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..

Kimberley Spire-Oh
Registered Agent's Signature (REQUIRED)

PURPOSE.

The purpose for which the Company is organized is to engage in and carry on the practice of structural engineering in the State of Florida and in such other states as the Company and its licensed professional engineers may be qualified to practice engineering, and all activities thereto. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of Chapters 608 and 621, Florida Statutes.

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

Bijan Parssi

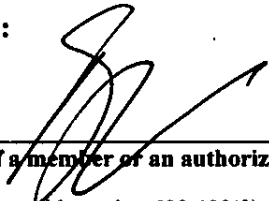
1904 Ascott Road

Juno Isles, FL 33408

(Use attachment if necessary)

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

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)

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DIVISION OF CORPORATIONS
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