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SECRETARY OF STATE
ALLAHASSEE, FLORIO

D. BRUCE

JUN 15-2009

**EXAMINER** 

# **COVER'LETTER**

TO:

**Registration Section** 

Division of Corp	orations			
SUBJECT:	PAFFORD EXE	ECUTIVE STRATEGIE	S, LLC	
		ited Liability Company		_
The enclosed Articles of O Please return all correspond		-		
	N	Mark S. Pafford		
<del></del> .		Name of Person	7	
	Pafford Ex	ecutive Strategies, LLC		
		Firm/Company		
	872 B	Balfrey Drive South		
· <u>-</u>		Address		
	West Paln	n Beach, Florida 33413	SECA ALLA	ار 90 ا
	Ci	ty/State and Zip Code	HAX	<b>=</b> _
	toria	an1007@aol.com	SS X	2
For further information con		for future annual report notification) se call:	OF STA! E, FLORI	± 9 € € U
Tracy L.	Pafford	at ( 561 ) 7	62-8253 <sup>⊅</sup>	0
Name of P	erson	Area Code & Daytime Tele	phone Number	_
Enclosed is a check for the	ne following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
] ]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan					
The name of the Li	mited Liability Company	is:			
		E STRATEGIES, LLoability Company," "L.L.C.," or "L			
ARTICLE II - Add The mailing address		principal office of the Lir	nited Liability Co	mpany	y is:
Principal Office Address:  872 Balfrey Drive South  West Palm Beach, Florida 33413		Mailing Address:			
		872 Balfrey Drive S West Palm Beach,	- C - C - C - C - C - C - C - C - C - C	09 يار	
(The Limited Liability Co. business entity with an a	mpany cannot serve as its own Rective Florida registration.)	red Office, & Registered gistered Agent. You must designate registered agent are:  . Pafford	Agent's Signature an individual FLORIDA	112 AH 9: 40	ILED
Na			_		
		Drive South  O. Box NOT acceptable)	_		
	•	•			
	West Palm Beach, City, State	FL 33413 e, and Zip	_		
liability compan registered agent an statutes relating to	ny at the place designated in ad agree to act in this capac to the proper and complete	to accept service of process in this certificate, I hereby o city. I further agree to com performance of my duties, gistered agent as providea	accept the appoint aply with the provis and I am familiar	ment a sions o with a	s of all and

(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:

"MGR" = Manag		
"MGRM" = Man		
MGRM		Mark S. Pafford
-	_	872 Balfrey Drive South
		West Palm Beach, Florida 33413
MGRM		Tracy L. Pafford
		872 Balfrey Drive South
		West Palm Beach, Florida 33413
	<del>_</del>	
(Use attachment	if necessary)	
ffective date is lis		date of filing: (OPTIONAL e specific and cannot be more than five business days
days after the da REQUIRED SIC	GNATURE:	
_	_(0,~	r or an authorized representative of a member.
_	Signature of a member	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
_	Signature of a member of this document const that the facts stated her	etion 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)
_	Signature of a member (In accordance with second this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)  Mark S. Pafford  ped or printed name of signee
REQUIRED SIG	Signature of a member of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)  Mark S. Pafford  ped or printed name of signee
Filing Fees: \$125.00 Filing I of Reg	Signature of a member (In accordance with second this document const that the facts stated here.  Type:  Fee for Articles of Organistered Agent	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)  Mark S. Pafford  ped or printed name of signee
Filing Fees: \$125.00 Filing I of Reg. \$ 30.00 Certific	Signature of a member (In accordance with second this document const that the facts stated here.  Type:	etion 608.408(3), Florida Statutes, the execution ditutes an affirmation under the penalties of perjury ein are true.)  Mark S. Pafford  ped or printed name of signee  mization and Designation  Mark S. Pafford  Ped STATE  OF STATE  ORIGINATION OF STATE  ORIGINATIO