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DIVISION OF CORPORATIO

D. BRUCE

AUG 28 2009

**EXAMINER** 

# **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Personal Account Services, UC 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:
Charles I Andrews
Name of Person
Personal Account Selvices Firm/Company
Firm/Company
9140 - Sure Croffside Drive Suite 9-5 Address
Address
JACKSONVILLE FL 32256 City/State and Zip Code
City/State and Zip Code  E-mail address: (to be used for future arrhual report notification)  E-mail address: (to be used for future arrhual report notification)
For further information concerning this matter, please can.
Exic Shakeaw at (904) 233-226 70 Name of Person Area Code & Daytime Telephone Number 25 26
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Personal Account (Must end with the words "Limited Liability)	Securices, LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9140 Galfside Dive Suite 9-5 Jacksonville, TL 32250	7.0, Box 551234 JACKGONAINE, FC 32255
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
KEN STOKES Name	28 AASS
Florida street address (P.O.	Box NOT acceptable)
TACKSUN ville City, State, ar	FL 32218
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all arformance 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)

(CONTINUED)

EFFECTIVE DATE 8/6

# 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:	Name and Address:	
"MGR" = Manager "MGRM" = Managin	Member	
MGRM	POBOX 551234 TACK SCNUITE, FC 32255	
MGLin	KEN STOKES 11319 Netflebruck STE JAKSGNUTTE, FL 32218	
····		
(Use attachment if ne	essary)	
ARTICLE V: Effective date, (If an effective date is listed, to or 90 days after the date of	f other than the date of filing: $6000000000000000000000000000000000000$	rior
<u>required</u> signa		
Sign	iture of a member or an authorized representative of a member.	
oft	coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	77
Filing Fees:	Typed or printed name of signee	and P

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)