

L09000107315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

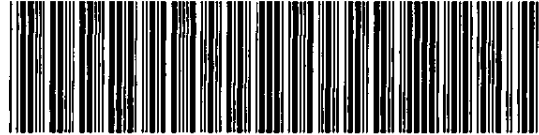
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000162478270

11/06/09--01012--020 **155.00

B. KOHR

NOV 9 2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

LAW OFFICES

RAY CALAFELL, JR., P.A.
105 SOUTH ARMENIA AVENUE
TAMPA, FLORIDA 33609
(813) 871-3890

BOARD CERTIFIED
IN
CIVIL TRIAL LAW

PERSONAL INJURY
AND
WRONGFUL DEATH

02 November 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

RE: **PACRIM RESEARCH ASSOCIATES, LLC**

Dear Sir:

I enclose Articles of Organization of the above-named corporation, in duplicate, with the request that the company be registered.

Also enclosed is a check in the amount of \$155.00 for filing fee, certified copy, and resident agent designation.

Very truly yours,


RAY CALAFELL, JR.

RCJr/pc
Enclosures as stated

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

ARTICLES OF ORGANIZATION
OF
PACRIM RESEARCH ASSOCIATES, LLC

The undersigned, for the purposes of forming a Limited Liability Company under the Florida Law, does hereby adopt the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is: **PACRIM RESEARCH ASSOCIATES, LLC.**

ARTICLE II

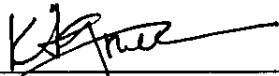
The mailing address and street address of the initial principal office of this Limited Liability Company is P.O. Box 6575, Tampa, FL 33608 for mail and 2905 Averill Avenue West, Tampa, FL 33611 for the street address.

ARTICLE III

The name of the initial registered agent of this Limited Liability Company is KRISTINE A. GOULD, 2905 Averill Avenue West, Tampa, FL 33611.

Having been named as registered agent and to accept service of process for the above 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, Florida Statutes.

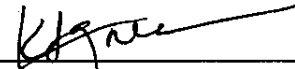


KRISTINE A. GOULD, REGISTERED AGENT
2905 Averill Avenue West
Tampa, FL 33611

ARTICLE IV

The name and address of each manager is: MGRM KRISTINE A. GOULD, P. O. Box 6575, Tampa, FL 33611.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 2nd day of November, 2009.



KRISTINE A. GOULD
P. O. Box 6575
Tampa, FL 33611

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.

KRISTINE A. GOULD