

# L10000029523

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000060523 3)))



H100000605233ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Sylvain Saint-Amand Professional Services L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 17 AM 7:51

Electronic Filing Menu    **T HAMPTON**    Corporate Filing Menu    Help  
MAR 18 2010

**EXAMINER**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Limited Liability Company is: Sylvain Saint-Amand Professional Services L.L.C.**

**ARTICLE II – Address:**

**The mailing address and street address of the principal office of the Limited Liability Company is: 6125 Royal Palm Bl., Margate, FL 33063.**

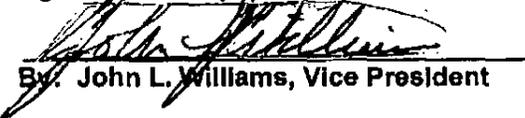
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

**The name and the Florida street address of the registered agent are:**

**Agents and Corporations, Inc.  
300 Fifth Avenue South  
Suite 101-330  
Naples, FL 34102**

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.

**Agents and Corporations, Inc.**

  
By: John L. Williams, Vice President

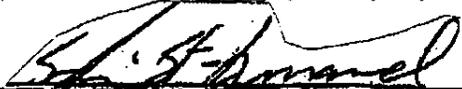
**ARTICLE IV – Management (Check box if applicable.) [ ]**

**The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.**

**ARTICLE V – Manager:**

**The Initial Manager(s) of the Limited Liability Company shall be:**

**Sylvain Saint-Amand**



**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.)**

**Sylvain Saint-Amand  
Typed or printed name of signee**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 17 AM 7:00**