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TO MAY 10 PM 2: 45
SECRETARY OF STATE
ANASSES FLORED

J. BRYAN
MAY 1 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: POIRIER PROPERTY SERVICES LLC. 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:	
PHILIP A POIRIER Name of Person	
POIRIER PROPERTY SERVICES	5 5 T
138 KING-FISH RD. SSR. Address	7 0 T
POIRIER PROPERTY SERVICES Firm/Company 138 KING-FISH RD. Address POMONA PARK FL. 321874 City/State and Zip Code	- 2: 5
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PHILIP POIRIER at 386 295-1529 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigset{130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigset{160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee & Certified Copy (additional co	
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 Li	mited Liability Company is:	:			
POIRIE	R PROPERTY st end with the words "Limited Liabi	SE ility Comp	PRINCES Deany," "L.L.C.," or "LLC	<u>L</u> L C .	
ARTICLE II - Add The mailing addres	dress: s and street address of the p	rincipal	office of the Limi	ted Liability Co	mpany is:
Principal Office A	ddress:	Mail	ing Address:	Effective I	Date 06/01/10
ARTICLE III - Re	PARK PRIDA 32181 egistered Agent, Registered mpany cannot serve as its own Registrative Florida registration.)	d Office		gent's Signatur	re:
•	PATRICIA Name 138 KINGFIS Florida street address of the relation of the rel	H D. Box NO	POIRIER RD. DT acceptable)	EE, F	TO MAY 10 PM 2: 45

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..

Registered Agent's Signature (REOUIRED)

(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:

<u>Title:</u> "MGR" = Man		Name and Address:
"MGRM" = M	anaging Member	PHILIP A. POIRIER 138 KINGFISH RD POMONA PK. FL 32181
	**************************************	10 MAY 10
		TARY OF STUDENTS FLO
(Use attachmer	nt if necessary)	
ICLE V: Effectiv	e date, if other than the disted, the date must be date of filing.)	late of filing:
TCLE V: Effective date is I 90 days after the	e date, if other than the disted, the date must be date of filing.) SIGNATURE:	late of filing:
TCLE V: Effective date is I 90 days after the	e date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sections)	late of filing: JUNE 1, 2010. (OPTIONAL) specific and cannot be more than five business days pri Or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
TCLE V: Effective date is I 90 days after the	se date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with section of this document constitution that the facts stated here.)	late of filing: JUNE 1, 2010. (OPTIONAL) specific and cannot be more than five business days pri Or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)