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Florida Department of State  
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To:

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Account Name : CSH SERVICES, LLC  
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FLORIDA LIMITED LIABILITY CO.  
PASDND LLC

Certificate of Status	0
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A. LUNT

MAR 31 2010

EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

PASDND LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

1949 A1A SOUTH

ST. AUGUSTINE, FL 32080

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**


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

ASHWIN BRAHMBHATT

1949 A1A SOUTH

ST. AUGUSTINE, FL 32080

Having been named as registered agent 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.

x 

ASHWIN BRAHMBHATT / Registered Agent's signature

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PASDND LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
ASHWIN BRAHMBHATT  
1949 A1A SOUTH  
ST. AUGUSTINE, FL 32080

MANAGING MEMBER  
SHAILESH PATEL  
1949 A1A SOUTH  
ST. AUGUSTINE, FL 32080

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.....  
X 

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.

ASHWIN BRAHMBHATT  
PRINTED NAME OF SIGNEE

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