

Aug 02 2011 8:16 PM

HP LaserJet P1102

L11000088705

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.

(((H11000195056 3)))



H110001950563ABC

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Email Address: _____

RECEIVED

11 AUG -2 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Positive Outcome Special Needs Expo, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

11 AUG -2 AM 7:46

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

Aug -3 2011

H11000195056 3

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -2 AM 7:46

ARTICLE I NAME

The name of the Limited Liability Company is:

POSITIVE OUTCOME SPECIAL NEEDS EXPO, LLC

ARTICLE II ADDRESS

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

842 SE 19TH AVE #1
DEERFIELD BEACH, FLORIDA 33441

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

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

DIANNA MARTIN
842 SE 19TH AVE #1
DEERFIELD BEACH, FLORIDA 33441

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 Dianna Martin
DIANNA MARTIN / Registered Agent's signature

H11000195056 3

H11000195056 3

PAGE 2 POSITIVE OUTCOME SPECIAL NEEDS EXPO, 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

DIANNA MARTIN

842 SE 19TH AVE #1

DEERFIELD BEACH, FLORIDA 33441

MANAGING MEMBER

ADRIENNE GRANIRER

135-02 ROCKAWAY BEACH BLVD.

BELL HARBOR, NEW YORK 11694

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 2 AM 7:46

.....
X Dianna Martin

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.

DIANNA MARTIN

H11000195056 3