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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	stration Section ion of Corporations
SUBJECT:	Preferred Reporting Services, LLC.
5055501	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Pamela Smith
	Name of Person
	Preferred Reporting Services
	Firm/Company
	501 NORTH EAST 1ST AVENUE
	Address
	SUITE 301 MIAMI, FLORIDA 33132
	City/State and Zip Code
	preferredpcs7@aol.com E-mail address; (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
	PAMELA SMITH at (786) 709-5603 Name of Person Area Code & Daytime Telephone Number
	Name of Ferson
Enclosed is a	check for the following amount:
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & \$\int_\$155.00 Filing Fee & \$\int_\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Preferred Reporting Services, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

501 NORTH EAST 1ST AVENUE SUITE 301 MIAMI FLORIDA, 33132 501 NORTH EAST 1ST AVENUE SUITE 301 MIAMI FLORIDA, 33132

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RICHARD O. DANSOH

Name

501 NORTH EAST 1ST AVENUE

Florida street address (P.O. Box NOT acceptable)

SUITE 301 MIAMI

FL 33132

City, State, and Zip

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 (REQUIRED

(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:

"MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR — Ivianaging ivid	PAMELA SMITH 501 NORTH EAST 1ST AVENUE SUITE 301 MIAMI FLORIDA, 33132
Use attachment if necessa	ury)
LE V: Effective date, if ot fective date is listed, the days after the date of filing	ner than the date of filing: (OPTIO ate must be specific and cannot be more than five business ag.)
fective date is listed, the d days after the date of filin REQUIRED SIGNATUI	ner than the date of filing: (OPTIO ate must be specific and cannot be more than five business ag.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)