

L12000132958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

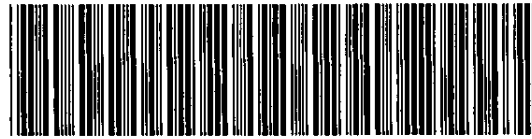
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600241393416

11/06/12--01018--002 \*\*55.00

T. CLINE

NOV - 7 2012

EXAMINER

2012 NOV - 6 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pater Familias LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Bergman, Attn: J. Scharfman

Name of Person

IRA Financial Group

Firm/Company

235 Lincoln Road, Suite 207

Address

Miami Beach, FL 33139

City/State and Zip Code

HarlowBE@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Scharfman

Name of Person

at ( 305 )

538.9297

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -6 PM 1:09

FILED



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000132958  
FILED 8:00 AM  
October 18, 2012  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
PATER FAMILIAS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
27 LARKSPUR WAY  
#1  
NATICK, MA. US 01760

The mailing address of the Limited Liability Company is:  
27 LARKSPUR WAY  
#1  
NATICK, MA. US 01760

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BRIAN HARLOW  
238 QUAILS NEST ROAD  
#2  
NAPLES, FL. 34112

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.

Registered Agent Signature: BRIAN HARLOW

### Article V

The name and address of managing members/managers are:

Title: MGR  
BRIAN HARLOW  
27 LARKSPUR WAY, #1  
NATICK, MA. 01760 US

L12000132958  
FILED 8:00 AM  
October 18, 2012  
Sec. Of State  
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: ADAM BERGMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.