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EXAMINER

RECEIVED DEPARTMENT OF STATE

SECRETARY OF SIATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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PROFESSIONAL I	MARKETING		
ASSOCIATES LLC			
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
		,	Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
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			Photo Copy
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Walk-In	Will Pick Up		Courier

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

PROFESSIONAL MARKETING ASSOCIATES 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:

RICHARD E. PASLEY

Name of Person

PROFESSIONAL MARKETING ASSOCIATES LLC

Firm/Company

5710 SOUTH DIXIE HIGHWAY

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

repasley@southpalmrealty.com

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

For further information concerning this matter, please call:

RICHARD E. PASLEY

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

Malling Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
PROFESSIONAL MARKETING ASSOCIATES LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5710 SOUTH DIXIE HIGHWAY	5710 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
RICHARD E. PASLEY	
	Name
	/AY
5710 SOUTH DIXIE HIGHW	VAY eet address (P.O. Box <u>NOT</u> acceptable)
5710 SOUTH DIXIE HIGHW	eet address (P.O. Box <u>NOT</u> acceptable)
5710 SOUTH DIXIE HIGHW Florida str	eet address (P.O. Box <u>NOT</u> acceptable)

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECNETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

WINCHESTER TIA DRIVE, APT 407 D, FL 33462 E. PASLEY H DIXIE HIGHWAY M BEACH, FL 33405
TIA DRIVE, APT 407 D, FL 33462 E. PASLEY H DIXIE HIGHWAY
D, FL 33462 E. PASLEY H DIXIE HIGHWAY
:. PASLEY H DIXIE HIGHWAY
H DIXIE HIGHWAY

M REACH EL 33406
41 DEAQH, FE 33400
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NOVEMBER 7, 2012 . (OPTIO
nd cannot be more than five busi

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. I am aware that any 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.)

Typed or printed name of signee

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)

SECRETARY OF STATE

2 NOV - 5 AM D: 19