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Office Use Only



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SUCKETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED ANO FILED

D. BRUCE

DEC 07 2012

EXAMINER

EFFECTIVE DATE 01/01/13



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 16, 2012

**VUONG LE** 5555 W LINEBAUGH AVE STE 5 TAMPA, FL 33624

SUBJECT: PROFESSIONAL ACCOUNTS SERVICES L.L.C.

Ref. Number: W12000052970

We have received your document for PROFESSIONAL ACCOUNTS SERVICES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 712A00025463

Deborah Bruce Regulatory Specialist II

)-6 PM

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Professional Accounts Services L.L. ( 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:
Professional Accounts Services LLC
5555 W Linebaugh Ave Unit 105  Address
Tampa FL 33624 City/State and Zip Code
Vuonable Camail Com  Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vuong Le at (913) 7213570  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
· ·

### **Mailing 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, FL 32301

I have sent the check previously Thank you.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Professional Accounts Services LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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	ı is:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5555 W Linebaugh Ave Unit 105 Tampa FL 33624	5555 W Linebeauch Ave Unit 105 Tampa FL 33674

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:

VWNG Le

Name

S5555 W Linebauch AVC Unil 105

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

Tampa FL

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

EFFECTIVE DATE 01/01/13

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGR	Vuong LZ 5575 W Linchauch Aux unt 105 Tampa FL 33/024
***************************************	
<del></del>	
effective date is listed, the	der than the date of filing: 1/1/2013 (OPTIONAL)  date must be specific and cannot be more than five business days
CLE V: Effective date, if oth	der than the date of filing:

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)

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