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.

(((H13000218848 3)))



H130002188483ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

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

FLORIDA LIMITED LIABILITY CO. PARK WEST CONSULTING GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

က

Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK OCT - 3 2013

EXAMINER

H130002:8848

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Park West Consulting Group, LLC (Must end with the words "Limited Liability Company, the abbreviation "L.L.d.," or the designation "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
888 Biscarne Blud ste: 4605 888 Biscarne Blud Ste 4605
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:
Luis A. Peralta Name Name Name
888 Biscayne Blvd Suite 4605 Florida street address (P.O. Box NOT acceptable)
MIAMI FI. 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.
(1).0to

(CONTINUED)

Signature (REQUIRED)

Page 1 of 2

H13000218848

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

,	Title: "MGR" = Manager		Name and Address:	
	"MGRM" = Managi	ing Member		
	MGR		Luis A. Peralta	
-			888 BISCOYNE BIVA Suite 460	จี
		•	MIGML FL 55137	
	*			
		a	-T 21	
		· ,	TALL AH	<u>.</u>
•	, ,			.
ĺ	•		SA C	ြ
		-		
			•	رب ُ
	(Üse attachment if	necessary)		52
ART	ICLE V: Effective da	ite, if other than the o	late of filing: (OPTIONAL)
(If an	effective date is liste	d, the date must be	specific and cannot be more than five business days	
to or	90 days after the date	e of filing.)	`.	
	•			
	REQUIRED SIG	NATURE:		•
			1) 1)	
	* ,		The state of the s	
			o an authorized representative of a member.	
		(In accordance with sec	tion 608.408(3), Florida Statutes, the execution	
	,	of this document consti	tutes an affirmation under the penalties of perjury	
٠.	·	of this document consti	tutes an affirmation under the penalties of perjury	

Page 2 of 2