

L13000160580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

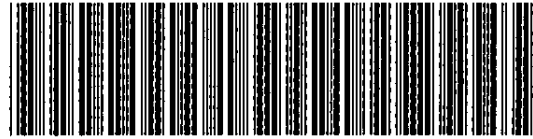
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253671067

11/14/13--01020--017 **125.00

FILED
2013 NOV 14 PM 12:48
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

NOV 15 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PS Data Group, 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:

Garry Thasho

Name of Person

PS Data Group, LLC

Firm/Company

5139 Karlsburg Place

Address

Palm Harbor, FL 34685

City/State and Zip Code

gthasho@gmail.com

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

For further information concerning this matter, please call:

Garry Thasho

Name of Person

at **(727) 403-6424**

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)

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

FILED
2013 NOV 14 PM 12:48
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PS Data Group, 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:

5139 Karlsburg Place
Palm Harbor, FL 34685

Mailing Address:

5139 Karlsburg Place
Palm Harbor, FL 34685

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:

Garry Thasho

Name

5139 Karlsburg Place

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

Palm Harbor, FL 34685

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)

FILED
2013 NOV 14 PM 12:48
CLERK OF STATE
TALLAHASSEE FLORIDA

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

"MGRM" = Managing Member

Debra Thasho

5139 Karlsburg Place

Palm Harbor, FL 34685

MGRM

MGRM


Garry Thasho

5139 Karlsburg Place

Palm Harbor, FL 34685

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

REQUIRED SIGNATURE:


Signature of a member or an authorized person

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.)

Garry L. Thasho

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)