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(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:			





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EFFECTIVE DATE

TILED

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SECRETARY OF STATE

DEC 1 9 2013

T. BROWN

COVER LETTER

	•	COVE	KELIEK		
	Registration Division of C			· 0#	
SUBJEC	r: <u>P</u>	OGS # A5500 Name of Limit	ciates, LLC.		
The enclo	sed Articles	of Organization and fee(s) are	submitted for filing.		
Please ret	urn all corres	pondence concerning this mat	ter to the following:		
***************************************		Tose Luis C	ONZAICZ		
	1	PS65 & ASS	ociates, LLC.		
<u></u>	_	O FOX RID			
Address					
	WES	STON, FL 333	31		
	JLO	SOCAS @ aw	ty/State and Zip Code On future annual report notification)		
For further	r information	concerning this matter, please	call:		
Bi	EATRI Name	2 Projetto of Person	at (954) 3285 Area Code & Daytime Tele	917 phone Number	
Enclosed is a check for the following amount:					
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	1 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section	Street/Courier Address Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	TAPLE TO THE
PSGS & Associates, LLC	SSE R
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	F. S.
ARTICLE II - Address:	20 TO

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
4310 FOX Ridge Drive Weston, FL 33331

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:

Jose Luis Gonzalez				
Name				
4310 FOX RIDGE DRIVE				
Florida street address (P.O. Box NOT acceptable)				
WESTON, FL FL 33331				
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..

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	José Luis GONZalezu 4310 FOX PIOGE Drive
MGRM	Damaris Proietto de Gonzalez 4310 FOX RIDGE DRIVE WESTON, FL 39331
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date may prior to or 90 days after the date of filing	the date of filing: OI OI 14 (OPTIONAL) nust be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	

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.)

Tose Luis Gonzalez

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)