

FEB 4/2014 MO 0205 PM

No.

05001

2/2014

Division of Corporations

L14000031456

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PROSOURCE CONSULTING GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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14 FEB 24 AM 7:46

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FEB/24/2014/MON 02:55 PM

FAX No.

P. 002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROSOURCE CONSULTING 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:

Mailing Address:

9926 LARGO DR
BOYNTON BEACH, FL 33472

9926 LARGO DR
BOYNTON BEACH, FL 33472

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:

JULIE MORENO

Name

9926 LARGO DR

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

BOYNTON BEACH

FL 33472

City

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRName and Address:JULIE MORENO9928 LARGO DRBOYNTON BEACH, FL 33472AMBRRENATA ELKIN5130 ROSEN BLVDBOYNTON BEACH, FL 33472

(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JULIE MORENO

Typed or printed name of signee