

MAR-25 14 17:4

08 8 50

60 827 5501

L14 0000 50450

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H14000071094 3)))



H140000710943ABC-

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 26 AM 10:06

FILED

RECEIVED

14 MAR 26 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Pargen Capital Management Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAR 27 2014
T CLINE

FAX AUDIT # H14000071094 3

**ARTICLES OF ORGANIZATION
OF
Pargen Capital Management Services, LLC**

ARTICLE I NAME

The name of the limited liability company is: Pargen Capital Management Services, LLC

ARTICLE II ADDRESS

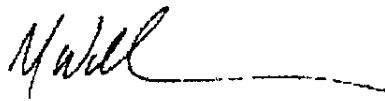
The principal place of business and mailing address of this Limited Liability Company shall be: 1000 No Greenvalley Pkway Suite 440 383, Henderson, Nevada 89074.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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.

FILED
2014 MAR 24 AM 10:06
TALLAHASSEE
FLORIDA



Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: March 24, 2014

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:
Lawrence Thompson, 1000 No Greenvalley Pkway Suite 440 383, Henderson, Nevada 89074

FAX AUDIT # H14000071094 3

FAX AUDIT # H14000071094 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: March 24, 2014

(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.)

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

FAX AUDIT # H14000071094 3

FILED
2014 MAR 26 PM 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA