

L14000084368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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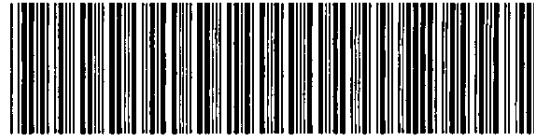
(Business Entity Name)

(Document Number)

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SEALING UNIT
TALLAHASSEE, FLORIDA

RECEIVED
14 MAY 23 AM 10:55
DIVISION OF CORPORATE AFFAIRS

10:00am MAY 27 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 150953 7518930

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 23, 2014

ORDER TIME : 10:17 AM

ORDER NO. : 150953-005

CUSTOMER NO: 7518930

DOMESTIC FILING

NAME: PD SOLUTIONS LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: The name of the Limited Liability Company is: **PD SOLUTIONS LLC**

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

Principal Office Address:

11900 Biscayne Boulevard,
Suite 290,
Miami, Florida 33181

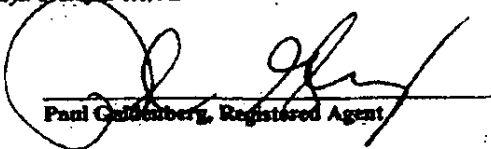
Mailing Address:

11900 Biscayne Boulevard,
Suite 290,
Miami, Florida 33181

ARTICLE III: The name and Florida street address of the registered agent are:

Paul Goldenberg
11900 Biscayne Boulevard,
Suite 290,
Miami, Florida 33181

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.


Paul Goldenberg, Registered Agent

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

Title:

AMBR and MGR

Name and Address:

Paul Goldenberg
11900 Biscayne Boulevard,
Suite 290,
Miami, Florida 33181

ARTICLE V: The effective date of this certificate is the date of filing.

ARTICLE VI: The purpose of the Limited Liability Company is to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Statutes.

REQUIRED SIGNATURE:


Paul Goldenberg, Managing 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.

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