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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. PRIVATE EQUITY SOLUTIONS, II, LLC

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PAGE 01/04

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9/22/2015

CORPUSA

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COVER LETTER

TO:	Registration Section Division of Corporations					
čelo rea	PRIVATE EQUITY SOLUTION	s. II, LLC				
SUBJEC	Name of	Limited Linbi	lity Company	· · · · · · · · · · · · · · · · · · ·		
The encl	osed Articles of Organization and foc(s	i) are submitted	f for filing.			
	sturn all correspondence concerning this	•	_			
	BARBARA BROOKS		-			
		Name of	Person			
	GARY S. GLASSER, P.A.					
		Pirm/Co	ompany			
	28 WEST FLAGLER STREET, 80	JITE 608				
		Add	ro s si			
	MIAMI, FLORIDA 33130					
		City/State at	rd Zip Code			
	GSG50@M8N.COM E-mail address: (to be a	rsed for future	nnusi report notificati	ion)		
For furthe	r information concerning this matter, p			,		
	GARY GLASSER	30S	377-4187			
		Area Code	Duytime Telephon	<u> </u>		
			• •			
	d is a check for the following amount:					
\$125.00	Piling Fee \$130.00 Filing Fee & Cortificate of Status	: LY Certit	00 Filing Foc & [Red Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	d)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Stron Address Now Filing Section Division of Corporat Clifton Building	ions I Cm	U I	
	Talluhassee, FL 32314		2661 Executive Cent Tallahassee, FL 3230		22 [M]	

ARTICLE I - Names			BILITY COMPANY
マン 1. クテル f a 1.分かか。		•	
The name of the Limited Liabilit	ty Company is:		
		1	
PRIVATE EQUITY	SOLUTIONS, II, LLC	,	
(Must end	with the words "Limited	Lisbility Compuny, "L	L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street at	ddress of the principal o	ffice of the Limited Lin	bility Company is:
<u>Princip</u>	nt Office Address:		Mailing Address:
1000 BRICKELL AV	VENUE	_ 1000 BF	RICKELL AVENUE
SUITE 335		SUITE	
MIAMI, FLORIDA	331331	MIAMI.	FLORIDA 33131
The name and the Florida street a	address of the registered GARY S. GLASSER	•	
		Namo	
	28 WEST FLAGLE	R ST. SUITE 608	
	28 WEST FLAGLEI Florida street addres	R ST. SUITE 608 s (P.O. Box <u>NOT</u> accep	nable)
			stable) 33130
	Florida street addres	s (P.O. Box <u>NOT</u> accep	•

Page 1 of 2

(CONTINUED)

Titles "AMBR" = Anthorized Member "AGR" - Manager MGR Loop BRICKELL AVENUE, SUITS 335 Loop BRICKELL AVE	ARTICLE IV- The mane and address of each person authorized	io mm	 			
(Use nituehment if necessary) CTICLE V: Effective date, if other than the date of filing: 0972/2015 (OPTIONAL) In effective date is listed, the date must be specific and commot be more than five business thay prior to or 90 days after chart of filing. 100 the filing is a document's circuit of filing is filed date in this block does not meet the applicable statutory filing requirements, this date will not be thated as a document's circuit of action of filing. Signature of A member of The authorized representative of a member. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. I am owner date any false information admitted in a document to the Department of Since constitute in third degree follows in specific for in a. 817.153, P.S. FERDINAND J. RUANO Typed or priored mans of signee S125.00 Filing Fee for Arcticles of Organization and Designation of Registered Agout \$ 30.00 Certificate of Status (Optional)	Title: "AMBR" ≈ Authorized Member		li			
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