

416000117363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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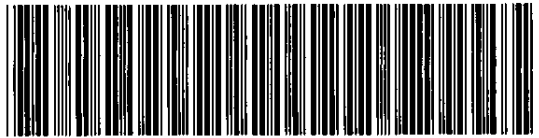
(Business Entity Name)

(Document Number)

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Date: 6/22/16

ENTITY NAME:

PAZM ADVISORY SERVICES LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

Plain Copy  
 Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: \$ 125.00

CHECK NUMBER: \_\_\_\_\_

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:  
PALM ADVISORY SERVICES LLC

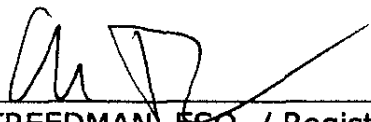
**ARTICLE II      ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:  
79 SW 12TH STREET #1207  
MIAMI, FLORIDA 33130

**ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:  
BALLAGA & FREEDMAN, LLP  
396 ALHAMBRA CIRCLE STE 204  
CORAL GABLES, FLORIDA 33134

*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.*

X   
CHAD M FREEDMAN, ESQ. / Registered Agent's signature


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**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
SAMUEL SAYEGH  
79 SW 12TH STREET #1207  
MIAMI, FLORIDA 33130

.....

X   
\_\_\_\_\_  
SAMUEL SAYEGH / Authorized Representative's signature

*(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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