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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : I20050000118

Phone : (305) 774-9606

Fax Number : (305) 774-9660

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

16 OCT 27 AM 8:57

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

Email Address: Josefina @ Pilar services.com

RECEIVED

16 OCT 27 PM 3:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PSI MECHANICAL SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

10/28/16

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
PSI MECHANICAL SERVICES, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

PSI MECHANICAL SERVICES, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the of the Limited Liability Company is:

**2300 W 84 Street, Suite 311
Hialeah, FL 33016**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:



**Roma Josefina Ryan
2300 W 84 Street, Suite 311
Hialeah, FL 33016**

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

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16 OCT 27 AM 8:57
CLERK OF STATE
TALLAHASSEE FLORIDA

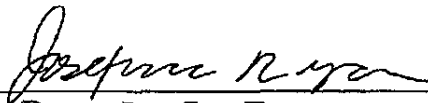
H16000266122

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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>	<u>UNITS</u>
AMBR	ROMA JOSEFINA RYAN 2300 W 84 Street, Suite 311 Hialeah, FL 33016	100%



Roma Josefina Ryan
Authorized Manager Member

16 OCT 27 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(In accordance with section 605.0201 , Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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