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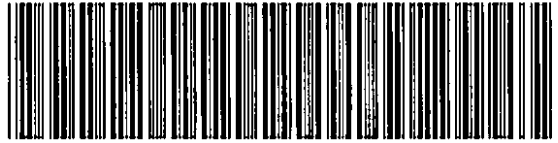
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2020 FEB 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Profit Improvement Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Henderson, III, Esquire

Name of Person

Teraverde

Firm/Company

805 Estelle Drive, Suite 111

Address

Lancaster, PA 17601

City/State and Zip Code

ahenderson@teraverde.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Henderson, III at (717) 475-9177  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Profit Improvement Solutions LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

805 Estelle Drive, Suite 111  
Lancaster, PA 17603

Mailing Address:

805 Estelle Drive, Suite 111  
Lancaster, PA 17603

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James M. Deitch

Name

9072 Siesta Bay Drive

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

34128

City

State

Zip

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

MGR

**Name and Address:**

Maylin Casanueva

4391 SW First Street

Miami, FL 33134-1518

(Use attachment if necessary)

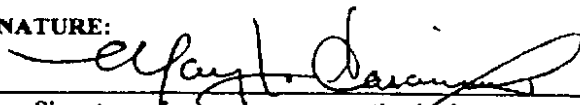
**ARTICLE V:** Effective date, if other than the date of filing: Upon Filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Maylin Casanueva, Authorized Representative

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**PREPARED BY:** *Alexander Henderson, III, Esq.*  
**RETURN TO:** **ALEXANDER HENDERSON, III**  
**805 ESTELLE DRIVE, SUITE 111**  
**LANCASTER, PA 17601**  
**(717) 475-9177**

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TALLAHASSEE, FLORIDA

## CERTIFICATE OF ORGANIZATION

1. The name of the limited liability company is  


Profit Improvement Solutions LLC
2. The address of the registered office of the company in Florida is:  

9072 Siesta Bay Drive  
Naples, FL 34128
3. The company shall have perpetual existence.
4. Management of the company shall be vested in one or more managers. The number of managers, the manner in which they are selected, and the manner in which they may authorize and take action shall be as prescribed in or by the operating agreement. Notwithstanding the foregoing, the limited liability company will be member managed until an operating agreement is executed by the members of the limited liability company.
5. This certificate of organization and the operating agreement of the company may be amended in the manner prescribed at the time by statute, and all rights conferred upon members in this certificate of organization or the operating agreement of the company are granted subject to this reservation.
6. The name and address of the organizer is:  

Alexander Henderson, III, Esquire  
805 Estelle Drive, Suite 111  
Lancaster, Pennsylvania 17601
7. This certificate of organization shall take effect upon filing.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, has executed this certificate of organization on February 10<sup>th</sup>, 2020.

ORGANIZER:

  
Alexander Henderson, III, Esquire