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(Business Entity Name)

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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 4-11-03

REF. #: 001034.14238

CORP. NAME: PHD MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: <u>[Click here and type]</u> | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 505017 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

SUBJECT: PHD MANAGEMENT LLC

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above reference foreign Limited Liability Company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FERNANDO A. CUELLAR

(Name of Person)

PHD MANAGEMENT, LLC

(Firm/Company)

8800 S.W. 102 STREET

(address)

MIAMI, FLORIDA 33176

(City/State and Zip code)

For further information concerning this matter, please call:

FERNANDO A. CUELLAR 305-270-6770

(Name of Person) or (are Code & Daytime Telephone Number)

ROBERTO A. GODOY 305-274-6523

Enclosed is a check for the following amount:

Roberto A. Godoy

Fernando Cuellar (AGENT)

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DEPARTMENT OF STATE
LIMITED TO REGISTER AND
TALLAHASSEE, FLORIDA

- Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee
JEROME CARTER, SR.
FINANCIAL DIRECTOR/MANAGER

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

03 APR 11 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PHD MANAGEMENT, LLC

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

FERNANDO A. CUELLAR
(Name)

8800 S.W. 102 STREET
Florida street address (P.O. Box **NOT** ACCEPTABLE)

MIAMI FL 33176
(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 608, F.S.

Fernando Cuellar
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Gwyn Shea
Secretary of State

Office of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for PHD MANAGEMENT, LLC (filing number: 708468722), a Domestic Limited Liability Company (LLC), was filed in this office on February 28, 2001.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 08, 2003.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea
Secretary of State