

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *Jim Fuller*

PSCD Consulting LLC

Business Name

#Document

Walk in

___ Will wait

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

X LLC

___ Domestication

___ INC

___ CORP

___ OTHER

AMENDMENTS

___ Amendment

___ Resignation of R.A.

___ Change of Registered Agent

___ Revocation of Dissolution

___ Conversion

___ Statement of Authority

___ Merger

REVOCATION OF DISSOLUTION

OTHER FILINGS

___ TRANSMITTAL LETTER

___ Fictitious Name

___ Statement of Authority

___ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Partnership

___ Reinstatement

___ Statement of CORRECTION

___ Domestication of a Foreign Corp.

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PSCD Consulting 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:

Pasquale Sannino
Name of Person

PSCD Consulting LLC
Firm/Company

1901 Brickell Ave., Ste. B1104,
Address

Miami, FL. 33129
City/State and Zip Code

translations@pscdconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pasquale Sannino 786 7866148084
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSCD Consulting LLC

(Must contain 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:

Mailing Address:

1901 Brickell Ave., Ste. B1104
Miami, FL, 33129

1901 Brickell Ave., Ste. B1104
Miami, FL, 33129

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.)

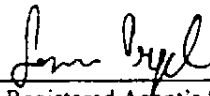
The name and the Florida street address of the registered agent are:

Pasquale Sannino
Name

1901 Brickell Ave., Ste. B1104
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33129
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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Pasquale Sannino
1901 Brickell Ave. Ste. B1104
Miami, FL, 33129

(Use attachment if necessary)

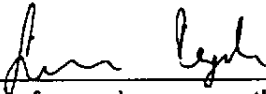
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Pasquale Sannino

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)