

LOS 000017703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

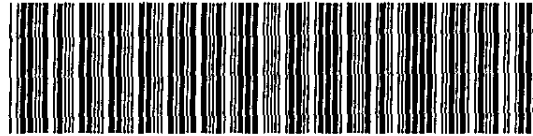
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

02/18/05--01044--002 **125.00

LOS-17703

EFFECTIVE DATE

2-18-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCO-3, 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:

WILLIAM A. SABA
(Name of Person)

WILLIAM A. SABA, ATTORNEY AT LAW
(Firm/Company)

240 S. PINEAPPLE AVE., SUITE 702
(Address)

SARASOTA, FL 34236-6724
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. SABA at (941) 365-9400
(Name of Person) (Area Code & Daytime Telephone Number)

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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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is:
PCO-3, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:
William A. Saba
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

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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..

William A Saba
Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

(CONTINUED)

EFFECTIVE DATE
2-18-05

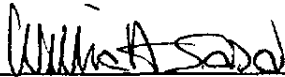
MGRM: Bruce H. Hadley
8977 Midnight Pass Road
#420
Sarasota, FL 34242

ARTICLE V – EFFECTIVE DATE

These Articles of Organization shall be in effect as of February 18, 2005.

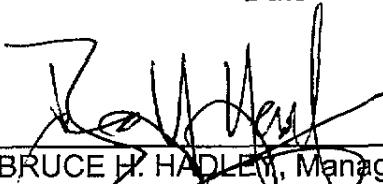
REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.



WILLIAM A. SABA, Managing Member

Feb. 17, 2005
Date



BRUCE H. HADLEY, Managing Member

Feb. 16, 2005
Date

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