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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 : RASCO KLOCK PEREZ & NIETO, P.L.  
Account Number : 104076000124  
Phone : (305)476-7100  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cpelacz@rascoklock.com

FLORIDA LIMITED LIABILITY CO.  
PC Family Group LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. - Name**

The name of the Limited Liability Company is:

**PC Family Group LLC**

**ARTICLE II. - Address**

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

1763 SW 131 PLACE CIR S  
MIAMI, FL 33175-1261

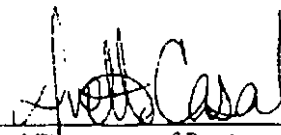
**ARTICLE III. - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*IVETTE PODETTI*

1763 SW 131 PLACE CIR S  
MIAMI, FL 33175-1261

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, Florida Statutes.



(Name and Signature of Registered Agent)

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**ARTICLE IV. – Management:**

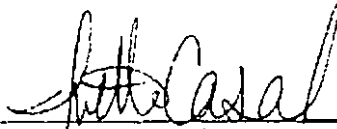
The Limited Liability Company is to be managed and controlled by one or more managers. The names and addresses of the persons who shall serve as initial managers are:

*IVEITE PODETTI*

1763 SW 131 PLACE CIR S  
MIAMI, FL 33175-1261

**ARTICLE V. – Indemnification:**

The Company shall indemnify any present or former manager, officer or director and shall advance expenses on behalf of any such manager, officer or director, in each case, to the fullest extent now or hereafter permitted by law.



*Signature of Member or Authorized Representative of a Member.*

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*

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