

LO4000071090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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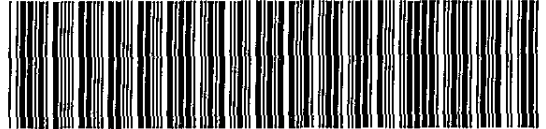
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LO4-71090
OK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4L-3 PBPC, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
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Corp Record Search _____
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Fictitious Search _____
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Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
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**ARTICLES OF ORGANIZATION
OF
4L-3 PBPC, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - - NAME

The name of the limited liability company shall be 4L-3 PBPC, LLC ("company").

ARTICLE II - - ADDRESS

The mailing address and street address of the principal office of the company is 13704 Orange Grove Boulevard, West Palm Beach, Florida 33411.

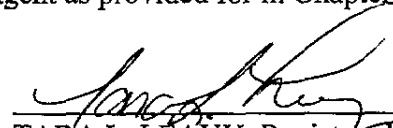
ARTICLE III - - EFFECTIVE DATE

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State.

ARTICLE IV - - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the company in the State of Florida is Tara Leavy, 13704 Orange Grove Boulevard, West Palm Beach, Florida 33411.

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 the 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.


TARA L. LEAVY, Registered Agent

IN WITNESS WHEREOF, the undersigned organizer has made these articles or organization at Palm Beach County, Florida on this 17 day of September, 2004.


TARA L. LEAVY, Member

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STATE OF FLORIDA)
COUNTY OF PALM BEACH)

SWORN TO AND SUBSCRIBED before me, this 17th day of September 2004, by
TARA L. LEAVY, who is personally known to me ~~or who has produced~~ _____
_____ as identification.

{Notary Seal}



Gary H. Coe
Signature of Notary

Gary H. Coe
Name of Notary (Typed, Printed or Stamped)
Commission Number (if not legible on seal):
My Commission Expires (if not legible on seal):

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