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Office Use Only

CORPORATION NAME(S)	& DOCUMENT !	NUMBER(S),	(if known):
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CORPORATION NAME(S) & DOCUM	
1. PBL L.L.C. (Corporation Name)	101-430 ( (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	000038893707 -03/21/0101002006 
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Description Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner Smitials Post 10 10 10 10 10 10 10 10 10 10 10 10 10

### ARTICLES OF ORGANIZATION OF PBL, L.L.C.

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

### ARTICLE I

### Name

The name of this Limited Liability Company shall be PBL, L.L.C.

### ARTICLE II

## Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 2145 Delta Blvd., Tallahassee, Florida 32303.

### ARTICLE III

### **Duration**

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

### ARTICLE IV

### **Management**

The Limited Liability Company is to be managed by its members as set forth in its Regulations. The names and addresses of the members are:

Address			
2145 Delta Blvd.			
Tallahassee, Florida 32303			
226 North Duval Street Tallahassee, Florida 32301	TALLAHA!	01 MAR 2	2 to 12
2282 – A Killearn Center Boulev Tallahassee, Florida 32302	ard FLORID	21 :8 HA 0.	
	2145 Delta Blvd. Tallahassee, Florida 32303  226 North Duval Street Tallahassee, Florida 32301  2282 – A Killearn Center Bouley	2145 Delta Blvd. Tallahassee, Florida 32303  226 North Duval Street Tallahassee, Florida 32301	2145 Delta Blvd. Tallahassee, Florida 32303  226 North Duval Street Tallahassee, Florida 32301  2282 - A Killearn Center Boulevard Tallahassee, Florida 32302

### ARTICLE V

### **Admission of Additional Members**

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

### ARTICLE VI

### Transfer of Member's Interest

The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

### ARTICLE VII

### Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32312.

IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 2014 day of March 2001.

Wm. Scott Lindsey,

Authorized Representative Of

State of Florida County of Leon

The foregoing Articles of Organization were acknowledged before me this

March, 2001, by Wm. Scott Lindsey.

Notary Public

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is PBL, L.L.C.
- 2. The name and address of the registered agent and office is:

Wm. Scott Lindsey 1407 Piedmont Drive East Tallahassee, Florida 32312 FILED

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SELINLIANY OF STATE
TALLAHASSEE FLORIDA

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 OF 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.

Signature

Date

State of Florida County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this and day of March, 2001, by Wm. Scott Lindsey.

Notary Public