

Division of Corporations

**C02000001881**

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

## LIMITED LIABILITY COMPANY

P T &amp; W Holding Company LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **P T & W Holding Company LLC**

## ARTICLE II - Address

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

**1217 W. Cape Coral Parkway - #174  
Cape Coral, FL 33904**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**Joyce Britt**

\_\_\_\_\_  
Name

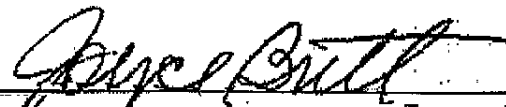
**1217 W. Cape Coral Parkway - #174**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Cape Coral, FL 33904**

\_\_\_\_\_  
(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 608, F.S.*



\_\_\_\_\_  
Registered Agent's Signature - Joyce Britt

## ARTICLE IV - Management ( Check box if applicable )

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

  
Signature of a member or authorized representative of a member.

( 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 stated herein are true. )

**Anthony Wayne Kliscz**

\_\_\_\_\_  
Typed or printed name of signee

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