417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
હં	
PDQ Liberty, Xxc.	
1 ,	
	****155.00 ****155.00
7.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark 323 3
	Merger File 22 77
	Art. of Amend. File
	RA Resignation
Name	Dissolution / Withdrawal 🐱
Availability	Annual Report / Reinstatement
Document DCC	Cert. Copy
200	Photo Copy Certificate of Good Standing
Gous e.	
Unitalier DCC Verifyer	Columente of Status
Ackno Nedgement DCC	Certificate of Fictitious Name Corp Record Search
and desired	Officer Search
W. P. Verifyer DCC	Fictitious Search
Signature	Fictitious Owner Search
2 mars Loscomassa	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PDQ LIBERTY LLC

ARTICLE II - Address:

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

1250 EAST HALLANDALE BEACH BOULEVARD

HALLANDALE, FLORIDA 33004

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

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

РА	UL CLEEMAN		
1250 EAST HALL	Name ANDALE BEACH	BOULEVARD	
HALLANDALI	EFL_	33004	D2 A
	City, State, and Zip		PR 2
Having been named as registered agent and liability company at the place designated in registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as region Article IV - Management (Check box if a The Limited Liability Company is to be therefore, a manager - managed company.	this certificate, I hacity. I further ag performance of me stered agent as proceedings and the segistered Agent's Single PAUL CLEEM applicable.)	tereby accept the gree to comply very duties, and I deposited for in Company and I deposited	vith the provisions of all with the provisions of all am familiar with and hapter 608 F.S.
(An additional article mus	t be added if an e	ffective date is	requested)

Signature of a member or an 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 (he facts stated herein are true.)

Typed or printed name of signee

PAUL CLEEMAN, MEMBER

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)