



LO20000017018

ACCOUNT NO. : 072100000032

REFERENCE : 652914 8941A

AUTHORIZATION :

COST LIMIT : \$ 155.0

FILED
02 JUL -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 5, 2002

ORDER TIME : 11:49 AM

ORDER NO. : 652914-005

CUSTOMER NO: 8941A

100006255571--B

CUSTOMER: Joni Ferrer, Legal Asst
Bruce D. Green, Esq
Suite 400
600 South Andrews Avenue
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: PKD, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Angie Glisar - EXT. 1124

EXAMINER'S INITIALS:

LO2-17018
OK

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DIVISION OF CORPORATION

* Client has a closing today, if at all possible please return today. Their closing is at 3:00. Thank-you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PKD, LLC

ARTICLE II - Address:

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

400 LESLIE DRIVE, HALLANDALE, FL 33009

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

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

PETER WOLOFSKY

Name

400 LESLIE DRIVE

Florida street address (P.O. Box NOT acceptable)

HALLANDALE

FL

33009

City, State, and 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.

PETER WOLOFSKY

By:

Registered Agent's Signature

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.

(An additional article must be added if an effective 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 penalty of perjury that the facts stated herein are true.)

Peter WOLOfsky

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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