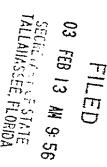
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(Req	uestor's Nam	e)	
	Kimberly R 3901 Ibis D Orlando, Fl	or.	
<i>[Uisy.</i>		- #)	-
PICK-UP	MAIT WAIT	MAIL	
(Busi	ness Entity N	ame)	
(1000)	ument Numbe	er)	
Certified Copies	Certifical	tes of Status	
Special Instructions to Fi	ling Officer:		
	Office Use C)nlv	



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Kimberly Buttar 3901 Ibis Drive 407 312 3508

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PIP FL 1 LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
3901 IBIS DRIVE OLUMDO, FL 32803
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
KINGFOLY RITTED
KIMBERLY BUTTAR Name
70n : Jak Dalue
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
City, state, and sup
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. L Bulk Registered Agent's Signature
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
& Bth
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 the facts stated herein are true.) Kimbelly Butthl Typed or printed name of signee.
KIMREDI Y RIFTRE
Typed or printed name of signee
OA ACT
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)