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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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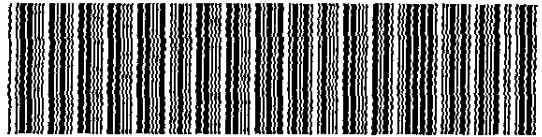
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 JUN 12 PM 1:31
TALLAHASSEE, FLORIDA

PVK Development LLC

1128 Nestling Ct. Gulf Breeze, FL 32563

May 19, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
03 JUN 12 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sirs:

Enclosed are the Articles of Organization for a limited liability company. We request this company be named PVK Development LLC with a mailing address of 1128 Nestling Ct., Gulf Breeze, FL 32563. My daytime phone number is (850) 456-7401 and I can be reached there for any questions you may have. We are including a check for \$130.00 to pay for the filing fee, the designation of registered agent fee, and a certificate of status.

Thank you for your assistance in this matter.

Sincerely,

Shawn P. Keenan

Shawn P. Keenan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PVK Development LLC

ARTICLE II - Address:

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

1128 Nestling Ct. Gulf Breeze, FL 32563

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

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

Shawn P. Keenan

Name

1128 Nestling Ct.

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

Gulf Breeze, FL 32563

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.

Shawn P. Keenan

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Salvatore A. Vernali

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.)

SALVATORE A. VERNALI M.D.

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)

FILED
03 JUN 12 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA