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04 FEB -2 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01/21/04--01069--008 **100.00

02/10/04--01004--022 **25.00

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W004-3003

Office Use Only



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2004

PATRICIA T. JOTKOFF
1 SW 129 AVE.
SUITE 201
PEMBROKE PINES, FL 33027-1716

SUBJECT: P.R. CORPORATE GIFTS, LLC
Ref. Number: W04000003003

We have received your document for P.R. CORPORATE GIFTS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 004A00004259

TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

P.R. CORPORATE GIFTS, LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA T. JOTKOFF

(Name of Person)

P.R. CORPORATE GIFTS, LLC

(Firm/Company)

1 SW 129 Avenue, Suite 201

(Address)

Pembroke Pines, FL 33027-1716

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA T. JOTKOFF **954** **383-1777**

(Name of Person) at () (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.R. CORPORATE GIFTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1 SW 129 Avenue, Suite 201

1 SW 129 Avenue, Suite 201

Pembroke Pines, FL 33027-1716

Pembroke Pines, FL 33027-1716

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

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

PATRICIA T. JOTKOFF

Name

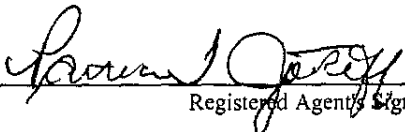
1 SW 129 Avenue, Suite 201

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

Pembroke Pines, FL 33027-1716

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s);

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

PATRICIA T. JOTKOFF

11849 SW 43rd STREET

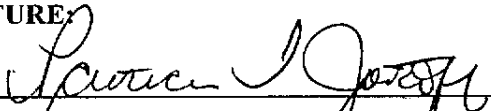
DAVIE, FL 33330

RHONDA CARLSON

5333 SW 86th WAY

COOPER CITY, FL 33328

REQUIRED SIGNATURE:



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.)

PATRICIA T. JOTKOFF

Typed or printed name of signee

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)