

W04000022859

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000062971 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAR 24 PM 1:41

FILED

LIMITED LIABILITY COMPANY

P.T. Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
DIVISION OF CORPORATIONS

04 MAR 24 PM 4:00

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

W04-22859
QR

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.T. Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

18108 Briar Ridge

Fort Myers, FL 33912

Mailing Address:

45 East 68th Street, Apt. 2E

New York, NY 10021-6102

RECEIVED
STATE OF FLORIDA
CLERK OF THE
SUPREME COURT

FILED
MAR 21 PM 1:41

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

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

CT Corporation

Name

1200 South Pine Island Road

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

Plantation

FLORIDA 32301

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.

Walter Betzger
Registered Agent's Signature

WALTER BETZGER
REGISTERED AGENT

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Timothy J. Fullum</u>
	<u>15108 Briar Ridge</u>
	<u>Fort Myers, FL 33912</u>
<u>MGRM</u>	<u>Patrick Fullum</u>
	<u>15108 Briar Ridge</u>
	<u>Fort Myers, FL 33912</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Harold Schwartz
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.)
Harold Schwartz, Authorized Representative of Timothy J Fullum
Typed or printed name of signer

Filing Fee:
\$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)

OFFICE OF STATE
TALLAHASSEE, FLORIDA

03 MAR 20 PM 1:41

FILED