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(Requestor's Name)
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PICK-UP WAIT MAIL
4
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: PB Cateri		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Randy T.			,-
	(t	Name of Person)	
	(J	Firm/Company)	
1409 E. Yon	ge Street		and the same
		(Address)	
Pensa	acola, Florida 32503 (City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Randy T. Blake		at (_850) 432-7265 (Area Code & Daytime To	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		05 SECR TALL!
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy, (additional copy, is enclosed)
Regist Divisl 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section Section orporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
PB Catering & Rentals, LLC			
ARTICLE II - Address:			
The mailing address and street address o	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1409 E. Yonge Street	1409 E. Yonge Street		
Pensacola, Florida 32503	Pensacola, Florida 32503		
	, and the second		
The name and the Florida street address Randy T. Blake			
	Name		
1409 E. Yonge Street			
Florida s	street address (P.O. Box NOT acceptable)		
Pensacola, Florida 325	503 <u>FL</u>		
·	y, State, and Zip		
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter, 608, F.S		
Rogistere	T Bluke 37 5		

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGR	Randy T. Blake
	1409 E. Yonge Street
	Pensacola, Florida 32503
MGRM	Patsy Blake
	1409 E. Yonge Street
	Pensacola, Florida 32503
·	<u> </u>
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	
_	_
K	and T Blake
Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)
Randy T. Bia	ake
	Typed or printed name of signee
	A ∃ S

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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