

LOS 000035531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

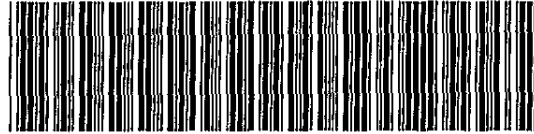
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/05--01057--005 **160.00

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DATE 03-17-2011 BY 60322

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPD Family Trust LLC
(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:

Diana J Pizaris
(Name of Person)

PPD Family Trust LLC
(Firm/Company)

121 Buena Vista Court
(Address)

Islamorada, FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter or Diana Pizaris at (305) 664 9159
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA
05 MAR -7 PM 11:27

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PPD Family Trust LLC

ARTICLE II - Address:

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

Principal Office Address:

121 Buena Vista Court
Islamorada
FI 33036

Mailing Address:

121 Buena Vista Court
Islamorada
FL 33036

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

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

Diana J Pizaris
Name

121 Buena Vista Court
Florida street address (P.O. Box **NOT** acceptable)

Islamorada FL 33036
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..

Diana J Pizaris
Registered Agent's Signature

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FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dr. Matthew Davis

15795 San Antonio Court

Ft. Myers, FL 33908

MGRM

Dr. Peter Pizaris

121 Buena Vista Court

Islamorada, FL 33036

MGRM

Mr. Nicholas Pizaris

4141 La Playa Blvd

Coconut Grove, FL 33133

Mrs. Diana J Pizaris

Mrs. Diana J Pizaris

121 Buena Vista Court

Islamorada, FL 33036

(Use attachment if necessary)

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

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.)

Dr. Peter Pizaris

Typed or printed name of signee

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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