105000 102 434

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300060613423

19/16/95 | 田田1 - 田三 *村25,00



15-102434

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PACREC (Name	e of Limited Liability Company)
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
RONALD HOGA	ARTH ;
	(Name of Person)
T&H COMPTRO	DLLERS, INC.
	(Firm/Company)
200 CAPRI I	ISLES BLVD., SUITE 2
	(Address)
VENICE, FL	34292
	(City/State and Zip Code)
For further information concerning this ma	tter, please call:
RONALD HOGARTH	at (941) 484-4980 (Area Code & Daytime Telephone Number)
(Name of Person)	
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:	
PACREC FLOOR TILE	11C
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2654 FAIRBROOK ST	SAME
NORTH PORT, FL 34287	
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere Tak Comprise Name	d agent are:
ZOO CAPRI ISUS B Florida street address (P.O. Box No.	<u> </u>
VENICE FL City, State, and Zip	orida 3429 2

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..

Page 1 of 2 (CONTINUED)

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	RICHARD E COLPRIT JR. 2654 FAIRBROOK ST. NORTH FORT, FL 39287
(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	added if an effective date is requested.
of this document constitutes an a that the facts stated herein are true.	ffirmation under the penalties of perjury
KICMARO E Typed or pri	nted name of signee

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

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)