SECRETARY OF STATE TALLAHASSEE, ILORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies\_ Certificates of Status Special Instructions to Filing Officer: [A

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### **COVER LETTER**

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**TO:** Registration Section Division of Corporations

2006 JAN 16 A 7:11

SUBJECT: P & E Marketing, LLC

SECRETARY OF STATE

(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:

Patrick Cassidy			
	Name of Person)		
	(Firm/Company)		
1614 Van Buren Street			
<del></del>	(Address)		
Hollywood, FL 33020			
(City	/State and Zip Code	e)	- · · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please	call:		
Patrick Cassidy	<sub>at (</sub> 954	923-404	3
		<i>/</i>	elephone Number)
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### **Mailing Address**

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

### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Names	
ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Limited Liability Company is	;
P & E Marketing, LLC	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1614 Van Buren Street	1614 Van Buren Street
Hollywood, FL 33020	Hollywood, FL 33020
The name and the Florida street address of the	registered agent are:
	registered agent are:
The name and the Florida street address of the  Patrick Cassidy  Name	
Patrick Cassidy	
Patrick Cassidy Name 1614 Van Buren Street	
Patrick Cassidy Name 1614 Van Buren Street	
Patrick Cassidy  Name  1614 Van Buren Street  Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Patrick Cassidy  Name  1614 Van Buren Street  Florida street ad  Hollywood, FL 33020  City, State,  Having been named as registered agent and to liability company at the place designated in	dress (P.O. Box <u>NOT</u> acceptable)  FL and Zip  accept service of process for the above stated limite this certificate, I hereby accept the appointment as
Patrick Cassidy  Name  1614 Van Buren Street  Florida street ad  Hollywood, FL 33020  City, State,  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit	dress (P.O. Box <u>NOT</u> acceptable) <u>FL</u> and Zip  accept service of process for the above stated limite this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a
Patrick Cassidy  Name  1614 Van Buren Street  Florida street ad  Hollywood, FL 33020  City, State,  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete possible.	dress (P.O. Box <u>NOT</u> acceptable) <u>FL</u> and Zip  accept service of process for the above stated limite
Patrick Cassidy  Name  1614 Van Buren Street  Florida street ad  Hollywood, FL 33020  City, State,  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete possible.	dress (P.O. Box <u>NOT</u> acceptable) <u>FL</u> and Zip  accept service of process for the above stated limite this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a terformance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

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

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

:	<u>Title:</u>		Name and Address:	2006 JAN 16 A 7-12		
	"MGR" = Manager	•		SECRETARY OF OTHER		
	"MGRM" = Manag	ing Member		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	MGRM	_	Patrick Cassidy			
		-	1614 Van Buren Street			
			Hollywood, FL 33020			
	MGRM	_	Edward D'Alesio			
		-	614 NE 2 Place			
			Dania Beach, FL 33004	-		
		_				
		_		<u> </u>		
<u></u>						
(If an		te, if other than the dat d, the date must be sp	te of filing: January 11, 2006 pecific and cannot be more	. (OPTIONAL) than five business days prior		
	<u>REQUIRED</u> SIG	NATURĘ:				
	_	Toil Cu				
-	S	ignature of a member or	r 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.)					
		Patrick Cassidy				
•	•	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)