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(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
1/3/	FLLC



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Office Use Only

COVER LETTER

Division of Co			
SUBJECT: P&L	Venture Holdings		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
Jeff Powe	ers		
	(Name of Person)	
	(Firm/Company)	
13620 La	ake Magdalene B		
		(Address)	
Tampa, F	EL 33618		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Jeff Powers		at (813 817-48') (Area Code & Daytime Te	16
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tailahassee, Fl. 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P & L Venture Holdings LLC	article was a state of Cr. of Cr.	
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company	s:
-		
Principal Office Address:	Mailing Address:	
13620 Lake Magdalene Blvd Apt 609	13620 Lake Magdalene Blvd Apt 609	
Tampa, FL 33618	Tampa, FL 33618	
	gistered Office, & Registered Agent's Signature:	
	own Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another soft the registered agent are:	
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another soft the registered agent are:	Francisco E 2 Sec 2
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Jeff Powers	own Registered Agent. You must designate an individual or another of the registered agent are:	A AN THE
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Jeff Powers 13620 Lake Mage	own Registered Agent. You must designate an individual or another of the registered agent are:	E of the control of t
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Jeff Powers 13620 Lake Mage	own Registered Agent. You must designate an individual or another of the registered agent are:	A AN THE

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.

Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Member MGR **Jeff Powers** 13620 Lake Magdalene Blvd Apt 609 Tampa, FL 33618 MGR Paul Limke 2911 San Rafael Street Tampa FL 33629 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** a dember or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

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)

that the facts stated herein are true.)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee