

L06000048239

(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:

Office Use Only



000073925900

05/10/06 0101 004 44130.00

FILED

RECEIVED

2006 MAY 10 PM 3:16 06 MAY 10 AM 11:08

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Charter Number Only

FILED
2006 MAY 10 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

5/9 Linda

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

PCI Florida, LLC

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Walk In |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out | |

 Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

ALAN S. ZANGEN, P.A.
ATTORNEY AT LAW

ALAN S. ZANGEN*
LAURA A. VOGEL

* MEMBER FLORIDA BAR, NEW YORK BAR
AND ILLINOIS BAR

WELLINGTON CORPORATE CENTER
1200 CORPORATE CENTER WAY
SUITE 201
WELLINGTON, FLORIDA 33414

TELEPHONE (561) 793-2400
FACSIMILE (561) 753-9966

May 5, 2006

Florida Secretary of State
Division of Corporations
P. O. Box 6327
The Capitol Building, Room 2001
Tallahassee, FL 32314

Re: PCI Florida, LLC
Our File No. 05W037.2

Dear Sir or Madam:

Enclosed please find an original and two (2) copies of the Articles of Organization and Certificate of Registered Agent for the above-referenced Limited Liability Company.

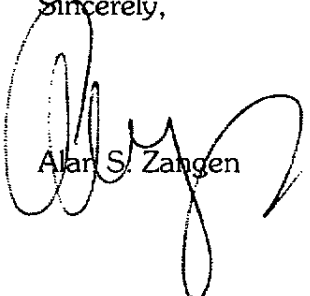
Please note that the effective time and date is upon the date of filing of the enclosed.

Additionally, enclosed is this firm's Trust Account Check Number 9774, in the amount of \$130.00, payable to the Secretary of State, for the filing fees for the Articles of Organization of a Florida Limited Liability Company, broken down as follows:

\$100.00 - filing fee for Articles of Organization and Affidavit
\$ 25.00 - Designation of Registered Agent
\$ 5.00 - Certificate of Status

Please forward the certified copy of the Articles and Certificate of Status to the attention of the undersigned. Thank you for your prompt attention to this matter.

Sincerely,


Alan S. Zangen

ASZ:lr
Enclosures

WPDocs\LLC\BeckPCI\SecState.ltr.wpd

FILED
2006 MAY 10 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2006 MAY 10 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

PCI FLORIDA, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company shall be **PCI FLORIDA, LLC**, (the "Company").

**ARTICLE II
PRINCIPAL ADDRESS**

The mailing address and street address of the principal office of the Company shall be 17230 Gulf Pine Circle, Wellington, FL 33414.

**ARTICLE III
DURATION**

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved in a manner provided by law, or as provided in the Operating Agreement adopted by the Members.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent of the Company in the state of Florida is Bruce Beck, 17230 Gulf Pine Circle, Wellington, FL 33414.

**ARTICLE V
POWERS**

In addition to the powers authorized by the laws of the State of Florida, the Company shall have all powers set forth in the Operating Agreement adopted by the Members.

**ARTICLE VI
MEMBERS RIGHT TO CONTINUE BUSINESS**

The remaining Members may continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member on the occurrence of any other event which terminates the continued Membership of a member in accordance with the Operating Agreement adopted by the Members.

**ARTICLE VII
ADMISSION OF NEW MEMBERS**

Except as set forth in the Operating Agreement, no additional Members shall be admitted to the Company except with the written consent of the majority-in-interest of the Members of the Company and on such terms and conditions as shall be determined by the majority-in-interest of the Members. A member's interest in the Company may not be sold or otherwise transferred except with the written consent of the majority-in-interest of the Members or as otherwise set forth in the Operating Agreement of the Company.

**ARTICLE VIII
MANAGEMENT**

The Company shall be a member-managed Company, managed by two(2) managers in accordance with the Operating Agreement regulations adopted by the Members for the management of the business and affairs of the Company. The Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial member-managers of the Company are:

Bruce Beck
17230 Gulf Pine Circle
Wellington, FL 33414

Dennis Manieri
2213 NE 16th Court
Fort Lauderdale, FL 33305

**ARTICLE IX
AMENDMENTS**

The power to adopt, alter, amend or repeal these Articles of Organization shall be vested in the Members and shall be consistent with the Florida Limited Liability Company Act and the Operating Agreement.

**ARTICLE X
EFFECTIVE DATE AND TIME**

The effective date and time of the commencement of Company's existence shall be upon filing of these Articles of Organization.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Wellington, Florida, on the 4th day of May, 2006.



BRUCE BECK

STATE OF FLORIDA
COUNTY OF PALM BEACH

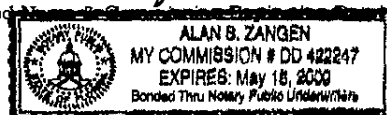
Sworn to and subscribed before me this 4th day of May, 2006, by BRUCE BECK,
who

☒ is personally known to me, or
☐ has produced _____ as identification.



(Notary Signature)

(Printed Name)



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the limited liability company is **PCI FLORIDA, LLC**
2. The name and address of the registered agent and office is:

BRUCE BECK
17230 Gulf Pine Circle
Wellington, FL 33414

The undersigned, being the person named in the articles of organization of PCI FLORIDA, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

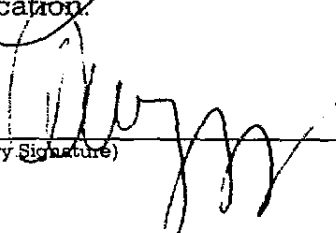
Dated this 8th day of May, 2006.



BRUCE BECK
Registered Agent

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 4th day of May, 2006, by BRUCE BECK,
who
[X] is personally known to me, OR
[] produced _____ as identification.



(Notary Signature)

(Printed Name)

