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(Re	equestor's Name)	
	 	
(Ad	ldress)	
·	ldress)	•
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRELARY LATE

Office Use Only

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: P&		ents LLC d Liability Company)	<u>•</u>
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
	Rolando E	SCAMILA Name of Person)	
_ Pd	E Investm	Firm/Company)	
3	120 49th S	Address)	
	5t. Petersb	(Address)	33710
For further information	concerning this matter, please	call:	
Rolando E	Scranula of Person)	at (127) 455 (Area Code & Daytime Te	- 190 l lephone 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 Corporatior Clifton Building 2661 Executive Center	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

3120 4974ST. N.	Signe		
337.10			
Name 3120 49TH	egistered agent are: Angle ess (P.O. Box NOT acceptable)		FILED

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
merm	Relando Escamill 3120 terra ST. N. St. Petersburg Fi	<u>a_</u> 	110	<u> </u>
marm	Grand Pewell 875 Postersburg, FL	<u>se S</u> . 3370	٦	
			*	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sp		OPTIONA		ior
to or 90 days after the date of filing.)				
(In accordance with section of this document constitute that the facts stated here.	•	E C	06 MAY 15 PM 3: 48	FILED

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)