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| (Requ | estor's Name) | |
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| (City/s | State/Zip/Phone | ə #) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Busin | ness Entity Nan | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | |
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SECRETARY OF STATE

1 JUL 21 P 3

COVER LETTER

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2006 JUL 21 P 3: 32 TO: Registration Section **Division of Corporations** SECRETARY OF STATE TALLAHASSEE, FLORIDA SUBJECT: The Pacific Atlantic Group, 1 (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: Chauncey Cameron (Name of Person) (Firm/Company) 9819 Thermal Street (Address) Oakland, CA 94605 (City/State and Zip Code) For further information concerning this matter, please call: at (510) 390-1018 (Area Code & Daytime Telephone Number) Chauncey Cameron (Name of Person) Enclosed is a check for the following amount: **✓** \$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section

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

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY32

| | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | MELAHASSEE, FLORIDA |
| The name of the Elimied Elability Company is. | |
| The Pacific Atlantic Group, LLC | |
| (Must end with the words "Limited Liability Company, "Limit | ed Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| | rincipal office of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 3165 NE 11th Drive | 9819 Thermal St. |
| Homestead, FL 33033 | Oakland, CA 94605 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the i | tered Agent. You must designate an individual or another |
| Chauncey Cameron | |
| Name | |
| 3165 NE 11th Drive | |
| Florida street ade | iress (P.O. Box <u>NOT</u> acceptable) |
| Homestead | FL 33033 |
| City, State, | and Zip |
| | 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

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

FILED

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | 2006 JUL 21 P SECRETARY OF S TALLAHASSEE, FL |
|---|--|--|
| MGRM | Chauncey Cameron | |
| | 3165 NE 11 th Drive | |
| | Homestead, FL 33033 | |
| | | |
| | | |
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| | | |
| | | |
| 771 | | |
| (Use attachment if necessary) LE V: Effective date, if other than the | e date of filing: | . (OPTIONAL) |
| LE V: Effective date, if other than the fective date is listed, the date must be | e date of filing: ne specific and cannot be more t | (OPTIONAL) |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) | e date of filing: oe specific and cannot be more t | (OPTIONAL) |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | pe specific and cannot be more t | han five business days |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | e date of filing: pe specific and cannot be more to every an authorized representative of | han five business days |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb of this document consthat the facts stated | er or an authorized representative of action 608.408(3), Florida Statutes, the titutes an affirmation under the penaltic | han five business days property for the member. |

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)