# L06000076712

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** 

SUBJECT:

PBS Land Group, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Deborah Peaton

1737 W. North A. St.

Tampa, FI 33606

For further information concerning this matter, please call:

Deborah Peaton at (813) 240-9267

Enclosed is a check for the following amount:									
\$125	.00 Filing Fee	\$130.00 F	iling Fee &	<u>x_</u>	\$155.00 Filing Fee &	\$160.00 Filing Fee,			
	Certificate of Status Co	ertified Copy	Certificate of Stat	us &	(additional copy is enclosed)	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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2006

DEBORAH PEATON 1737 W. NORTH A ST. TAMPA, FL 33606

SUBJECT: PBS LAND GROUP, LLC

Ref. Number: W06000032018

We have received your document for PBS LAND GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Letter Number: 006A00046111

Brenda Tadlock Senior Section Administrator

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### **COVER LETTER**

TO: Registration Se Division of Co			•
SUBJECT: PB	25 Land GRou (Name of Limited	O LLC Liability Company)	<del></del>
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
	ondence concerning this matte		
	Rah H. TEAT	Name of Person)	
	, ,	Firm/Company)	
1737	W. NORTH A. FL. 33606	(Address)	
Tampa	, FL. 33606 (City.	Z /State and Zip Code)	
	concerning this matter, please		
De bonsh (Name	H. VED TON	at ( <u>813</u> ) <u>240</u> - (Area Code & Daytime To	19267 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (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:** Signature of a member or 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.) YEATON Typed or printed name of signee Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation

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