(Requestor's Name)		
(Address)		
(Address)		
(Cih	//State/Zip/Phone	A
(01.	, Dunio Lipri (1011)	,
PICK-UP	☐ WAIT	MAIL
<u> </u>	<u></u>	_
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	Elling Officer:	
Opecial instructions to i	ning Onicer.	

Office Use Only

600078663086

08/15/06 -01038--007 **130.00

PERCH AND HILL, P.A. DARRELL R. HILL ATTORNEY AND COUNSELOR AT LAW

1154 LEE BLVD., UNIT 6 LEHIGH ACRES, FLORIDA 33936 PHONE: (239) 369-6106 FAX: (239) 369-0124

TO: Registration Section

Division of Corporations

SUBJECT: PSC ENTERPRISES, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrell R. Hill PERCH AND HILL,P.A 1154 LEE BLVD, UNIT 6 LEHIGH ACRES, Florida 33936

For further information concerning this matter, please call:

Darrell R. Hill at (239) 369-6106

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address:

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

06 AUG 15 PH 2: 46
SECRETARY OF STATE
AND ANASSEE FLORIDA

ARTICLES OF ORGANIZATION OF PSC ENTERPRISES, LLC

ARTICLE I - NAME

The name of the limited liability company is PSC ENTERPRISES, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

1111 Cortez Avenue Lehigh Acres, Florida 33936 1111 Cortez Avenue Lehigh Acres, Florida 33936

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Paul Condon 1111 Cortez Avenue Lehigh Acres, Florida 33936

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.

Paul Condon

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGR

Paul Condon

1111 Cortez Avenue

Lehigh Acres, Florida 33936

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.)

Paul Condon

Typed or printed name of signee

