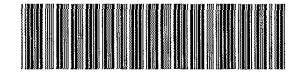
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(Re	equestor's Name)	<u> </u>
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Coples	Certificate	s of Status
Special Instructions to	Filing Officer:	
		'AL'

Office Use Only



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SECTETATE STATE

COVER LETTER

	ation Section n of Corporations	
SUBJECT: P	KCI, LLC	
	(Name of Limited Liability Company)	
	rticles of Organization and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
Philip	J Craft	
	(Name of Person)	
PKCI,		
	(Firm/Company)	
229 1	76th Terrace Drive E	
	(Address)	
Redir	ngton Shores, FL 33708	
	(City/State and Zip Code)	
For further infor	rmation concerning this matter, please call:	
Philip J Cra	Philip J Craft at (727) 631 4252	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a c	check for the following amount:	
□ \$125.00 Filir	ng Fee \$\times \text{\$130.00 Filing Fee & } \text{\$\text{\$\substack} \$\text{\$\text{\$\substack} \$\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\exitex{\$\text{\$\text{\$\text{	
	Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PKCI, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
229 176th Terrace Drive E	229 176th Terrace Drive E
Redington Shores, FL 33708	Redington Shores, FL 33708
The name and the Florida street address of the r Paracorp Incorporated Name 236 East 6th Avenue	DOB DEC 27 EGNETIVELY LAHASSES
Florida street add	iress (P.O. Box NOT acceptable)
Tallahassee	FL 32303
City, State,	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	; Member
MGRM	Philip J Craft
	229 176th Terrace Drive E
	Redington Shores, FL 33708
MGRM	Karin Craft
	229 176th Terrace Drive E
	Redington Shores, FL 33708
	AR B
	55 N
	LOT IS
	5H 5
effective date is listed, t	if other than the date of filing: December 27, 2006 . (OPTIONAL) he date must be specific and cannot be more than five business days prior
90 days after the date of	ining.)
REQUIRED SIGNA	TURE:
REQUIRED SIGNA	
REQUIRED SIGNA	
	Land College
Signs	ature of a member or an authorized representative of a member.
Signs (In ac	ature of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution
Signs (In ac of thi	ature of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury
Signs (In ac of the	ature of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution

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)

or continues of courtes (optionally

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: December 22, 2006

ENTITY NAME: PKCI, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303 TALLAYASSEF FIRM

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho

Assistant Secretary

Paracorp Incorporated