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SECRETARY DE STATE

## **COVER LETTER**

TO:	Registration Se Division of Co	ection rporations			
SUBJE	ст: <u><i>F</i></u>	IR PLAY PRO (Name of Limite	PGP TV ES d Liability Comp	LLC	
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filin	ıg.	
Please r	eturn all corresp	oondence concerning this matte	er to the followin	g.	~
_	Laure	en Liebman		<del>-</del>	
		(	Name of Person)		
-			(Firm/Company)	· .	· · · · · · · · · · · · · · · · · · ·
	256	Spoonbill LN N			
-			(Address)	<u> </u>	* * *
	Jupit	ter FL 33458			and the second
_		(City	/State and Zip Cod	e)	
For furt	her information	concerning this matter, please	call:		
	Lauren Liet	oman	at ( 561	748-558	8
	(Name	of Person)		ie & Daytime To	elephone Number)
Enclose	ed is a check fo	or the following amount:			,
\$125.	00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	ny -	\$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	Registrat Division Clifton I 2661 Ex	courier Addression Section of Corporation Building ecutive Center see, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Comp	pany is:			
		PER TIES LLC y, "Limited Company" or their abbreviation "LLC,"	or"L.C,")		
ARTICLE II - A		f the principal office of the Limited Lia	bility Company is:		
Principal Office Address: 256 Spoonbill LN N		Mailing Address:  256 Spoonbill LN N			
business entity with a	n active Florida registration.)	wn Registered Agent. You must designate an individ- of the registered agent are:  Name	07 JAN 31 PM 12: 38 SECKLITARY OF STATE TALLAHASSEE, FLORID		
	Florida s	treet address (P.O. Box. NOT acceptable)			
	Jupiter	FL 33458	8° 8		
	City	, State, and Zip	-		
liability comp registered agent statutes relating	any at the place designa and agree to act in this o g to the proper and comp	and to accept service of process for the acted in this certificate, I hereby accept the capacity. I further agree to comply with tolete performance of my duties, and I amass registered agent as provided for in Ch	appointment as the provisions of all familiar with and		

(CONTINUED)
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:

MGR" = Manager MGRM" = Managing Member	Kevin Patrick Horan	
IGRM		
	6558 141st Lane N	<del></del> ,
	Palm Beach Gardens FL 33418	
GRM	Gregory David Liebman	
	256 Spoonbill LN N	<del></del> · ·
	Jupiter FL 33458	<del></del>
		<del></del>
		<u> </u>
· •	· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than the d	late of filing: . (OPT	IONAL)
	specific and cannot be more than five busine	
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ctive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member	specific and cannot be more than five busine or an authorized representative of a member.	
ctive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member  (In accordance with sections)	or an authorized representative of a member.  ion 608,408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
ctive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member  (In accordance with section of this document constitution that the facts stated here.)	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	
ctive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member  (In accordance with section of this document constitution that the facts stated here.)	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)