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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	s #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CRETARY OF STATE



ACCOUNT NO.: 072100000032	
REFERENCE: 222244 7448543	
AUTHORIZATION : Smellele na	٠
COST LIMIT : \$130.00	T SE
ORDER DATE : September 11, 2007	15.55 17.75
ORDER TIME : _12:32 PM	F. 64.
ORDER NO. : 222244-025	OR THE
CUSTOMER NO: _ 7448543) P
DOMESTIC FILING	
NAME: PECPAR-B, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 2956	,
EXAMINER'S INITIALS:	

ARTICLE I - N	ame:	
The name of the	Limited Liability Compa	"Limited Company" or their abbreviation "LLC," or "L.C.,"
Pecpar-B, LLC		Fig. 3
(Must end with the wo	rds "Limited Liability Company	"Limited Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - A		<u>om</u>
The mailing addr	ess and street address of	the principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
8441 Cooper Creek	Blvd	8441 Cooper Creek Blvd
University Park, Flo	orida 34201	University Park, Florida 34201
ADTICLE III	Donistanad Agant Doni	atend Office & Desistand &
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)	n Registered Agent. You must designate an individual or another
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) Florida street address of	n Registered Agent. You must designate an individual or another
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) Florida street address of	rn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) Florida street address of David H. Baldauf 8441 Cooper Creek Blvd	rn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) Florida street address of David H. Baldauf 8441 Cooper Creek Blvd	r Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) E Florida street address of David H. Baldauf 8441 Cooper Creek Blvd Florida st University Park	rect address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGR	David H. Baldauf
MGK	8441 Cooper Creek Blvd
	University Park, FL 34243
(Use attachment if necessar	<i>'</i>)
* ** * * * * * * * * * * * * * * * * *	and the state of t
LE V: Effective date, if other	r than the date of filing: (OPTIONA
days after the date of filing	e must be specific and cannot be more than five business da
mula masas sana mana as sessent	7

(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.)

By: David H. Baldauf, Manager

Typed or printed name of signee

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)