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Special Instructions to Filing Officer:

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EXAMINER

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PWellos Holdway 7 22 (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meliua JAdy (Name of Person)
C/o Pivellos Holdings Z (Firm/Company)
5801 Cut Blvd. (Address)
Address) Address) Gete Berel 5 33106 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Meliva Jacky at (711) 347-3436 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ \$155.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$160.00 Filing Fee, \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	:		
Pixello Huldings 7, 1	LC WAR		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited L	iability Comp	any is:
Principal Office Address:	Mailing Address:		
6801 Gulf Block OF Pate BRAND FL 33700	5801 Cult	Bled Fr.	33 <i>7</i> 0 .
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are:		
Malua	b.C.L.		
Name	1		
L36 B Florida street ad		4101	
Tiesca Ve City, State,	de Fr 33715		
Having been named as registered agent and to	accept service of process for the	above stated	limited
liability company at the place designated in			
registered agent and agree to act in this capacit statutes relating to the proper and complete p		-	-
accept the obligations of my position as reg		•	
Allin- 2		L.	
Registered Agent's Sign	iture (REQUIRED)	2008 SEC	
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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCLM.	Melus Jady 630B Place 1 Bon way #4101 THE CONVERGE FO J 33 115
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date.	ate of filing: 1/10/2008 . (OPTIONAL)
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
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.)

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)

2008 JAN 10 PM 12: 49
SECRETARY OF STATE