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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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EXAMINER

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TO:

| TO: | Registration : Division of C | | • | | |
|---|---------------------------------|---|--|--|--|
| SUBJI | ECT: PLB F | loldings, LLC | | | |
| | | (Name of Limi | ted Liability Company) | | |
| The en | closed Articles o | of Organization and fee(s) are | submitted for filing. | | |
| Please | return all corres | pondence concerning this mat | tter to the following: | | |
| | W. Rodge | rs Moore, Esq. | | | |
| | | | (Name of Person) | | |
| | W. Rodge | ers Moore, P.A. | | | |
| | | | (Firm/Company) | | |
| 1900 Glades Rd., Suite 401 | | | | | |
| | | | (Address) | | |
| | Boca Rate | on, FL 33431 | | JAN AHA | |
| | | (Ci | ty/State and Zip Code) | IAN 25 RETARY HASSE | |
| For fur | ther information | concerning this matter, pleas | e call: | PH 3: OF STA | |
| W. Rodgers Moore, Esq. at (561) 394-7944 | | | | | |
| | (Name | e of Person) | (Area Code & Daytime Telephone Num | nber) | |
| Enclos | ed is a check fe | or the following amount: | | | |
| □\$125. | 00 Filing Fee | S130.00 Filing Fee & Certificate of Status | Certified Copy Certificated Copy is enclosed) Certified Copy is enclosed) | Filing Fee, ate of Status & d Copy al copy is enclosed) | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 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: | | | | | |
|--|---|--|--|--|--|
| PLB Holdings, LLC (Must end with the words "Limited Liability") | ty Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 5624 NW 23rd Terr. Boca Raton, FL 33496 | 5624 NW 23rd Terr. Boca Raton, FL 33496 | | | | |
| 'ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. W. Rodgers Moore, F. Name | egistered agent are: | | | | |
| 1900 Glades Rd., Su | ite 401 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| Boca Raton, FL 33431 _L | | | | | |
| City, State, a | nd Zip | | | | |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S | | | | |

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Peter LoBello 5624 NW 23rd Terr. Boca Raton, FL 33496 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)
W. Rodgers Moore, Esq.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)