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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

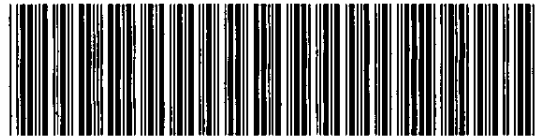
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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 APR 10 PM 12:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PKC LLC

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Stauss

PKC LLC  
6184 NE 69 ST  
SILVER SPRINGS, FL 34488

For further information concerning this matter, please call:

Paula Stauss at (352) 236-3997

Enclosed is the check for the following amount:

☒ \$125.00 Filing Fee

**ARTICLES OF ORGANIZATION  
OF  
PKC, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: PKC, LLC

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 6184 NE 69<sup>th</sup> Street, Silver Springs, FL 34488.

**ARTICLE III           INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Paula Stauss, 6184 NE 69<sup>th</sup> Street, Silver Springs, FL 34488.

**ARTICLE IV            PURPOSE**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business

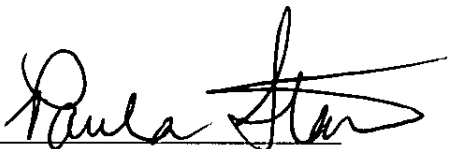
**ARTICLE VI            REGISTERED AGENT**

The name and Florida street address of the registered agent is:

PAULA STAUSS  
6184 NE 69<sup>TH</sup> STREET  
SILVER SPRINGS, FL 34488

**ARTICLE VII           MANAGERS/MEMBERS**

The name and addresses of management members/managers are:  
Paula Stauss, 6184 NE 69<sup>th</sup> Street, Silver Springs, FL 34488.



PKC, LLC  
PAULA STAUSS  
6184 NE 69<sup>th</sup> STREET  
SILVER SPRINGS, FL 34488  
(352) 236-3997

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DIVISION OF CORPORATION  
08 APR 10 PM 12:12

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT OT THE PROVISIONS OF SECTION 608.415 FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATINO, ORGANIZED UNDER THE LAW SOF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: PKC, LLC

The name and address of the registered agent and office is PKC, LLC, 6184 NE 69<sup>th</sup>  
Street, Silver Springs, FL 34488, located in the County of Marion.

Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete  
performance of my duties, and I am familiar with and accept the obligations of my  
position as registered agent.

Signature: \_\_\_\_\_

Paula Stauss

**PKC, LLC**

Date: April 7, 2008