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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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2008 MAY 23 PM 1: 08
SECRETARY OF STATE

T. CLINE

MAY 2 7 2008

**EXAMINER** 

## Division of Corporations

Enclosed please find 2 copies of the forms for starting a Florida corporation and a check for \$155.00

Sincerely,

Pablo A. Guzman

3200 N. Ocean Blvd.

Apt 1503

Fort Lauderdale, Florida

33308

Daytime tel # 954-895-5926

Home tel # 954-564-5156

2000 MAY 23 PM 1: 08
SECRETARY OF STATE

OND BAY 23 PM

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PGPort Condo, LLC	
(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:	
Pablo A Guzman	
(Name of Person)	
(Firm/Company)	
3200 N. Ocean Blvd., Apt 1503	
· (Address)	
Ft. Lauderdale, Florida 33308	
(City/State and Zip Code)	
For further information concerning this matter, please call:	7808 MAY
Pablo A Guzman 954 695-5926 624 6	→
Enclosed is a check for the following amount:	<sup>©</sup> ************************************
Enclosed is a check for the following amount:  \$\begin{align*} \times \\ \\ \times \\	<u>0</u> 8
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PGPort Condo, LLC	ted Liability Company, "L.L.C.," or "LLC.")	<del></del>
(Must end with the words Limit	ica Liability Company, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
3200 N. Ocean Blvd., Apt 1503	3200 N. Ocean Blvd., Apt 1503	
Ft. Lauderdale, Florida 33308	Ft. Lauderdale, Florida 33308	
business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual of	~ ~
The name and the Florida street address of Pablo A Guzma	Name	23 PH 1: 08 ARY OF STATE
Pablo A Guzma	Name Blvd., Apt 1503	무무
Pablo A Guzma  3200 N. Ocean  Florida s	Name  Blvd., Apt 1503  street address (P.O. Box NOT acceptable)	무무
Pablo A Guzma  3200 N. Ocean  Florida s  Ft. Lauderdale,	Name  Blvd., Apt 1503  street address (P.O. Box NOT acceptable)	무무

(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:

<u>Title:</u> "MGR" = Mana	ant.	Name and Address:			
"MGRM" = Mar	~				
MGR		Pablo A Guzman			
		3200 N. Ocean Blvd., Apt 1503			
		Ft. Lauderdale, Florida 33308			
MGR		Lucille Guzman			
	<del>_</del>	3200 N. Ocean Blvd., Apt 1503			
		Ft. Lauderdale, Florida 33308			
(Use attachment	if necessary)				
•	• •				
ARTICLE V: Effective	date, if other than the	· · · · · · · · · · · · · · · · · · ·	(OPTIO	,	
(If an effective date is lis to or 90 days after the d		e specific and cannot be more than five bu	isiness (	days p	rior
to or 50 days after the d	ate of ming.)		TAI SS	20	
			ECS.	2008 MAY 23	*******
REQUIRED SI	GNATURE:		美田	Ϋ́	
		$\cap$	ARY	Ń	17-man
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	1	$\sim$ $-$	7	3	
	Signature of a member or an authorized representative of a member.			••	
	(In accordance with see of this document const that the facts stated h	ection 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)	Y OF STATE SEE.FLORIDA	80	
	Ту	ped 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)