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(Re	questor's Name)		•
(Ad	dress)		
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PICK-UP	WAIT	MAIL	
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(Do	cument Number)		,
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
	208A	w0558	1

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DEPARTMENT OF STATE OF STATE OF STATE OF SURFORATIONS TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

OCT 3 1 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

and the second of the second o	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NIMRER(S) (if known):
1. PGTV REN (Corporation Name)	TAL (Document #)
2	
(Corporation Name)	(Document #)
3.	·
(Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
Walk in Pick up time	2 .00 Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	, 00
The name of the Limited Liability Company is:	Eller O.
PGTVRENTAL LLC	3
(Must end with the words "Limited Liability Company, "L.I.,.C.," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit	ty Company kg
Principal Office Address: Mailing Address;	
4604 SW 128 FL 4604 SW 12	E.A.
MAMI, R 33175450 MAN, FR 331	ZE-4650
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Significant Liability Company cannot serve as its own Registered Agent. You must designate an individual of business entity with an active Plorida registration.)	
The name and the Florida street address of the registered agent are:	
TEDROCKODRIGUEZ	•
4604 SW 128 A	
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan	pointment as provisions of all viliar with and
accept the obligations of my position as registered agent as provided for in Chapt	er 608, F.S

Registered Agent's Signature (REQUERED)

(CONTINUED) Page 1 of 2

<u>l'itle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MED.	200 - 122 - 3000
111010	PEDROCKUDIZIONEZ
•	4604 SW 128 /1
M6RU	M/AN /1- 03/11-46
MERU	GRACIELA DETUYA. RODRIC
77014	GRAUGIA DEJIGA. JEDDICIO
	7/30/30/18/2
	-11/1241, PE 921TV-5610
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(Use attachment if necessary)	
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I.E.V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REOURED SIGNATURE: Signature of a men	t be specific and cannot be more than five business day

Flling 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)