

Nov. 19, 2008 10:00 PM No. 62 of 3  
**L08000107549**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RODOLFO J. SUAREZ, INC.  
Account Number : I19990000270  
Phone : (305) 718-4400  
Fax Number : (305) 718-4408

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**PC RETAIL PROPERTIES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Suarez & Associates

No. 3620

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11. 2008

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PC RETAIL PROPERTIES, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

10545 NW 29TH TERRACE  
DORAL, FL 33172

#### Mailing Address:

10545 NW 29TH TERRACE  
DORAL, FL 33172

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JORGE E. VERNAZZA

Name

10545 NW 29TH TERRACE

Florida street address (P.O. Box **NOT** acceptable)

DORAL FL 33172

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERTO BERGANZA  
10545 NW 29TH TERRACE  
DORAL, FL 33172

MGR

GASTON R. BERGANZA  
10545 NW 29TH TERRACE  
DORAL, FL 33172

MGR

ALEJANDRO A. BERGANZA  
10545 NW 29TH TERRACE  
DORAL, FL 33172

(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 that the facts stated herein are true.)

**ROBERTO BERGANZA**

Typed or printed name of signer

**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)

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