L09000015372

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special instructions to Filing Officer: |
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Office Use Only



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2009 FEB 13 AM II: 25

C. LEWIS
FEB 1 6 2009
EXAMINER

COVER LETTER

| , | TO: Registration Section Division of Corporations | |
|---|--|--|
| | SUBJECT: Hollywood PC 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: | |
| | Jeffrey Faison | |
| | (Name of Person) | |
| | Hollywood PC LLC. | |
| | (Firm/Company) | |
| | 1835 E. Hallandale Beach Blvd. Suite 713 | |
| | (Address) | |
| | Hallandale Beach, Fl. 33009 | |
| | (City/State ánd Zip Code) | |
| | For further information concerning this matter, please call: | |
| | Jeffrey Faison at 954 644-3000 | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | |
| | Enclosed is a check for the following amount: | |
| [| \$125.00 Filing Fee \$\sum \\$130.00 Filing Fee \& Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company | is: |
| \star | |
| Hollywood PC LLC | |
| (Must end with the words "Limited Li | ability 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: | Mailing Address: |
| 1835 E Hallandale Bch. Blvd. | Same |
| Suite 713 | |
| Hallandale Bch. Fl. 33009 | |
| | |
| Jeffrey Faison | |
| . Nar | me SA IT |
| | ale Bch Blvd. # 713 address (P.O. Box NOT acceptable) |
| Florida street | address (P.O. Box NOT acceptable) |
| Hallandale Bch. F | FL 33 009 |

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..

Residence Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

FILED

| Title: "MGR" = Manage "MGRM" = Manage | er | aging Member(s): ger or Managing Member is as follows: Name and Address: | SECRETARY OF TALLAHASSEE. |
|---|--|---|------------------------------|
| MGR | | Jeffrey Faison | |
| | | 1835 E. Hallandale Bch Blvd. #713 | |
| | | Hallandale Bch., FL. 33009 | |
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| (Use attachment i | f necessary) | | |
| | • . | date of filings | (ODTIONAL) |
| LE V: Effective d | late, if other than the | date of filing:e specific and cannot be more than five | |
| LE V: Effective d | late, if other than the ed, the date must be | date of filing:e specific and cannot be more than five | |
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| LE V: Effective d | late, if other than the ed, the date must be te of filing.) | | |
| LE V: Effective defective date is listed days after the days | late, if other than the ed, the date must be te of filing.) | | |
| LE V: Effective defective date is listed days after the days | late, if other than the ed, the date must be te of filing.) | | |
| LE V: Effective defective date is listed days after the days | late, if other than the ed, the date must be te of filing.) SNATURE: | | business days pri |
| LE V: Effective defective defective date is listed days after the | late, if other than the ed, the date must be te of filing.) ENATURE: Signature of a member (In accordance with sec | e specific and cannot be more than five a ror an authorized representative of a member ation 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjur | business days pri |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)