L09000034482

(Requ	iestor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:

Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

PR -8 PM 1:02

J. BRYAN

APR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: PIET	TCS, LLC			
56361611	(Name of Limited	Liability Comp	any)	
The enclosed Articles	of Organization and fee(s) are sub	omitted for filin	g.	
Please return all corres	pondence concerning this matter	to the following	g:	
Anxiang	Zhou			OS AF
	(Na	ame of Person)		3 T
PIETCS	, LLC			355 · 8 · V
	(Fi	rm/Company)		7.0
1124B F	lernando Street			. 2
		(Address)		77
Fort Pie	rce, FL 34949			
	(City/S	tate and Zip Code	c)	
For further information	concerning this matter, please ca	11:		
Anxian Zhou	J a	772	882-59	11
(Nam	e of Person)	(Area Cod	le & Daytime Tel	ephone Number)
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address ion Section of Corporations building ceutive Center Coce, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	SECTION OF AF			
The name of the Limited Liability Company	SECULETARIASS			
PIETCS, LLC				
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	92			
	principal office of the Limited Liability Compan			
<i>5</i>				
Principal Office Address:	Mailing Address:			
1124B Hernando Street	1124B Hernando Street			
Fort Pierce, FL 34949	Fort Pierce, FL 34949			
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another			
The name and the Florida street address of th	e registered agent are:			
Anxiang Zhou				
Nar	ne			
1124B Hernand	···			
	address (P.O. Box <u>NOT</u> acceptable)			
Fort Pierce, FL 3	34949			
City, Stat	c, and Zip			
	to accept service of process for the above stated lin in this certificate, I hereby accept the appointment of			

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 Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

NOD!		55.57 0
MGRM	Jeffrey A. Bell	—— FREE P
	1124B Hernando Street	
	Fort Pierce, FL 34949	0815
MGRM	Anxiang Zhou	ēm '
	1124B Hernando Street	
	Fort Pierce, FL 34949	
		
(Use attachment if necessary)		
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	he date of filing: be specific and cannot be more than	. (OPTIONAL n five business days

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.)

Anxiang Zhou

Typed 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)

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