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



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2009 APR 15 AM 11: 2 SECRETARY OF STAT TALLAHASSEE, FLORI

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EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|--|
| SUBJECT: PCRI | JLEZ | | |
| | (Name of Limit | ted Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please return all correspondent | ondence concerning this mat | ter to the following: | |
| Sherwin L. | Kendall | | |
| | | (Name of Person) | |
| P C RULE | Z | | |
| | | (Firm/Company) | |
| 1522 East | Merrick Drive | | |
| <u> </u> | | (Address) | |
| Deltona, F | lorida 32738 | | DOS A |
| | (Ci | ty/State and Zip Code) | HAT R |
| For further information of | concerning this matter, pleas | e call: | 2009 APR 15 AM 11: 25 SECHETARY OF STATE TALLAHASSEE. FLORIO |
| Sherwin L. Ker | ndall | at (386) 801-4696 | 35 T. 2 |
| (Name | of Person) | (Area Code & Daytime Telephone Nur | mber) Sm M |
| Enclosed is a check fo | r the following amount: | | |
| ▼\$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certifie | Filing Fee, cate of Status & Copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassae, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| P C RULEZ LLC | | | |
|--|---|-------------------|-------|
| | "Limited Liability Company, "L.L.C.," or "LEC.") | | |
| | , | | |
| ARTICLE II - Address: | ress of the principal office of the Limited Liability Co | mnany i | ie. |
| the maining address and street address | ess of the principal office of the Emilied Elability Co | inpany i | 13. |
| Principal Office Address: | Mailing Address: | | |
| 1522 East Merrick Drive | 1522 East Merrick Drive | | |
| Deltona, Florida 32738 | Deltona, Florida 32738 | - | |
| | | _ | |
| The name and the Florida street add | dress of the registered agent are: | HAPR 15 AM 11: 25 | TILLE |
| Sherwin L. I | | | |
| Sherwin L. Ł | Name CSTA | == | ~ |
| | Name Corner Name Name Name | II: 25 | ~ |
| 1522 East N | RA RA | 11: 25 | • |
| 1522 East N | Merrick Drive orida street address (P.O. Box NOT acceptable) | II: 25 | • |
| 1522 East N | Merrick Drive orida street address (P.O. Box NOT acceptable) | 11: 25 | |

(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:

| Title: | Name and Address: | | | |
|--|--|--------------|-----------|------|
| "MGR" = Manager "MGRM" = Managing Member | | | | |
| MGR | Sherwin L. Kendall | | | |
| MGR | 1522 East Merrick Drive | | _ | |
| | Deltona, Florida 32738 | | - | |
| | Delibria, Florida 32736 | ······ | - | |
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| (Use attachment if necessary) | | 7.0 | 21 | |
| ARTICLE V: Effective date, if other than the d | ate of filing: | (OFTIC | | |
| (If an effective date is listed, the date must be | | ughigs | dys p | riof |
| to or 90 days after the date of filing.) | | AR. | 5 | |
| | | EE. | | er 1 |
| REQUIRED SIGNATURE: | | SH | | |
| REVOIRED SIGNATURE. | 1/11 | TATE ORID | AH II: 25 | |
| She sum | · Kandall | > | • | |
| Signature of a member | or an authorized representative of a member. | | | |
| (In accordance with secti | on 608.408(3), Florida Statutes, the execution | | | |
| of this document constituent that the facts stated her | ites an affirmation under the penalties of perjury | | | |
| Sherwin L. Ker | ndall | | | |
| | ed 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)