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(Re	equestor's Name)	
•	,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	<u> </u>
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COVER LETTER

	Corporations	PD Law Group
SUBJECT:		ted Liability Company
m		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corr	respondence concerning this mat	tter to the following:
	C	ourtney Hanon
		Name of Person
		MMLG
		Firm/Company
	20928 N 、	John Wayne Pkwy C-6
		Address
		ricopa, AZ 85138
		ty/State and Zip Code
	F-mail address: (to be used	y@nofaultdefault.com for future annual report notification)
For further informati	ion concerning this matter, pleas	•
	Countries	74.4
Na	Courtney me of Person	at (714) 6003230 Area Code & Daytime Telephone Number
	,	
Enclosed is a check	k for the following amount:	
∑ \$125.00 Filing Fe	e \$\int\\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:	
PD Law	Group, LLC	
(Must end with the words "Limit	ted Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
PD Law Group	MMLG	
6740 Crosswinds Dr N	20928 N John Wayne Pky	wv C-6
St Petersburg FL 33707	Maricopa, AZ 85138	
The name and the Florida street address of the registered agent are: William Kane Name		FILE 09 DEC 22 N
6740 C	Prosswinds Dr N	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	AM D: 2
St Petersburg	9 FL 33707	Def 7
City,	State, and Zip	
registered agent and agree to act in this c statutes relating to the proper and comp	ted in this certificate, I hereby accept t capacity. I further agree to comply wit	the appointment as th the provisions of all im familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u>		Name and Address:		
"MGR" = Man "MGRM" = Ma	ager anaging Member			
MGR		Patrick Drury		
		65 Tanglewood Dr		
		Glen Ellyn II		
MGRM		Derrick Penney		
		20928 N Jwp C-6		
		Maricopa, AZ 85138		
			<u>.</u>	
(Use attachmen	it if necessary)			
TEV. Effoctiv	a data if ather than the	data of filings	(OPTIO)	NTA I \
		date of filing:e specific and cannot be more than five		
0 days after the				, o prio
broupen a	1)		= .	
REQUIRED S	IGNATURE:			9 居 7
	CHALLIN	\wedge	≥À	
	Signature of a membe	r of an authorized representative of a meml	HASSEE, FLORIDA	FIL DEC 22
		-	38.	2 1
	of this document const	ction 608.408(3), Florida Statutes, the execution to the statutes and affirmation under the penalties of per	u Lu⊃	3
	that the facts stated her	cin are true.)	FE C	ā C
		Patrick Drury		MID: 28
	•	ped or printed name of signee	_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Filing Fee	26+			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)