(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:
A. LUNT
JAN 14 2010

EXAMINER

Office Use Only



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01/13/10--01020--005 **130.00

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE	CT:	PK Wo	od L	aw Office, LLC	
		Name of Limit	ed Liabi	ility Company	
The end	closed Articles o	of Organization and fee(s) are	submitte	ed for filing.	
Please	return all corres	pondence concerning this matt	ter to the	e following:	
		Р		K Wood	
			Name o	of Person	
		PK Wo	od La	w Office, LLC	
			Firm/C	ompany	
		98 VI	LLAG	E STREET	SEI TALLI
Address		iress	SECRETAR) ALLAHASSI		
		SATELLI	TE BE	ACH, FL 32937	ASSI
	in Ka	100 1-10	-	ind Zip Code annual report notification)	OF SI
		•		e annual report notification)	ORID,
For fur	ther information	concerning this matter, please	e call:		its.
		lis K Wood	_ at (321) 633-5080 Area Code & Daytime Telephone Numb	
Englas	od is a shask f	Can the following amount		, ,	
_		or the following amount: \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	Ce	ertified Copy Certifical ditional copy is enclosed) Certified	Filing Fee, ate of Status & I Copy Il 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
PK Wood Law (Must end with the words "Limited Liab	Office, LLC	
(ivids) clid with the words. Ellined Elac	mity Company, L.E.C., or EEC.)	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
98 Village Street Satellite Beach, FL 32937	98 Village Street Satellite Beach, FL 32937	
The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	registered agent are:	7
Phyllis k	· · · · · · · · · · · · · · · · · · ·	
Nam 98 Villag Florida street address (P.0	pe Street CRIDA	
·	<u> </u>	
Satellite Beach FL 3293 City, State,		
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limite this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of coerformance of my duties, and I am familiar with analysistered agent as provided for in Chapter 608, F.S	all

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managir	Name and Address: Member	
MGR	PHYLLIS K. WOOD 98 VILLAGE STREET SATELLITE BEACH, FL 32937	
	SECHETARY DE STATIALLAHASSER, FLORI	7 7 7 7
	<u> </u>	ior
o or 90 days after the date of REQUIRED SIGNA	filing.)	
of	ccordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) Typed or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)