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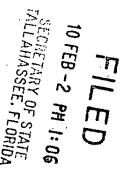
·
(Requestor's Name)
(Address)
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D. BRUCE

FEB. 3 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJE	CT·	PB&B IN	VESTMENTS, LLO			
3000	C1		Liability Company			
The enc	losed Articles	of Organization and fee(s) are su	bmitted for filing.			
Please r	eturn all corre	spondence concerning this matter	to the following:			
_		MARC	CO PALERMO			
		N	lame of Person			
		PB&B IN\	VESTMENTS, LLC	Z _E		
•		F	Firm/Company	Chi AH	£E8	
		7002 HIAWASS	SEE OVERLOOK DRI	VE ASSE	B -2	_
-			Address	E. G.	PH	'n
		ORLANDO	O, FLORIDA 32835	STA FLOR	-	C
		City/S	State and Zip Code	DA.	9	
_	<u> </u>		MTIMESHAREDEPO			
		E-mail address: (to be used for	future annual report notificatio	n)		
For furt	her informatio	n concerning this matter, please o	eall:			
	MARC	O PALERMO	at (407)	234-9172		
	Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclos	ed is a check	for the following amount:				
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	tus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PB&B INVESTM	ENTS, LLC
(Must end with the words "Limited Liabi	lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7002 HIAWASSEE OVERLOOK DRIVE ORLANDO,FLORIDA 32835	SAME

The name and the Florida street address of the registered agent are:

MARCO PALERMO	Z_{∞}
Name	TO P
7002 HIAWASSEE OVERLOOK DRIVE	EJAR HASS
Florida street address (P.O. Box NOT acceptable)	SEE SEE
ORLANDO FL 34835	7 7 7
City, State, and Zip	STATE ORALL

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'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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MARCO PALERMO 7002 HIAWASSEE OVERLOOK DRIVE ORLANDO, FLORIDA 32835
	S
	LIAHASSEE
•	TATE ORIDA
LE V: Effective date, if other than the factive date is listed, the date must days after the date of filing.)	≥ m ev
days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTION
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	the date of filing: (OPTION be specific and cannot be more than five business date to a member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury herein are true.)

of Registered Agent

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