110000034539

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



600170839106

03/30/10--01006--020 **160.00

T. CLINE

MAR 30 2010

EXAMINER

2010 HAR 29 PM 2: 08
SECRETARY OF STATE
AND SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: P D Installation Services	
Name	of Limited Liability Company
The enclosed Articles of Organization and for	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Peter F. Dawood	
	Name of Person
P D Installation Services, LLC	
-	Firm/Company
7830 Linkside Drive	
	Address
Jacksonville, FL 32256	
	City/State and Zip Code
gidupeter@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matt	er, please call:
Peter F. Dawood	at (904) 229-5893
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following an	Ocunt: Zalai
□\$125.00 Filing Fee □\$130.00 Filing Certificate of S	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	Street/Courier Address on Registration Section Orations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Com	pany is:	
P D Installation			
(Mu	st end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		of the principal office of the Limited Lia	bility Company is:
Principal Office A	ddress:	Mailing Address:	
7830 Linkside Drive		7830 Linkside Drive	
Jacksonville, FL 32256		Jacksonville, FL 32256	
(The Limited Liability Co	egistered Agent, Representation of the property of the propert	gistered Office, & Registered Agent's own Registered Agent. You must designate an individ	Signature: lual or another
The name and the F	lorida street address	of the registered agent are:	ZOIO HAR SECRET TALLAHA
	Susan E. Dawood		多量 们
		Name	
	7830 Linkside Driv	/e	141 - 111
	Florida	street address (P.O. Box NOT acceptable)	E OF PR
	Jacksonville	FL 32256	M 2: 08 F STATE FLORID
.	d an magintana d amount	City, State, and Zip	.→

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)

(CONTINUED) Page 1 of 2

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

ŷ. . -

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

MGR	Peter F. Dawood
	7830 Linkside Drive
	Jacksonville, FL 32256
	·
•	
(Use attachment if necessary)	
,	
LEV: Effective date, if other than	the date of filing: April 1, 2010 . (OPTIC
	st be specific and cannot be more than five business
days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·

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.)

Peter F. Dawood

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)

2010 HAR 29 PM 2: UB SECRETARY OF STATE TALL AHASSEE, FLORIDA

Page 2 of 2