

L10000092542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

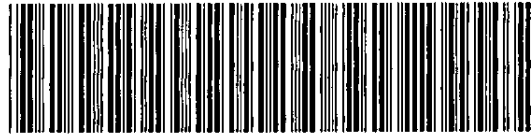
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B. KOHR  
SEP 2 2010  
EXAMINER

S. HAWKES  
AUG 31 2010  
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# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PW4 YOU LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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August 31, 2010

LAZARUS

SUBJECT: PW4 YOU LLC  
Ref. Number: W10000041062

We have received your document for PW4 YOU LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 510A00020830

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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Liability Company is:

**PW4 YOU LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liabilities Company is:

*Mailing Address*

**P O BOX 190134**

**MIAMI, FL 33194**

*principal Office*

**921 SW 139 CT Miami, Fl. 33184**

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**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**LILIA J. GARCIA**

Name

**921 SW 139 CT**

Florida street address (P.O. Box NOT acceptable)

**MIAMI FL 33184**

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, F.S.*

*Lilia Garcia*

Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company is to be managed by one or more managers and is, therefore, a manager / managed company.

**LILIA J. GARCIA** MANAGER

**921 SW 139 CT MIAMI FL 33184**

**ANNETTE RIVERA** MANAGER

**921 SW 139 CT MIAMI FL 33184**

(An additional article must be added if an affected date is required)

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.)*

**LILIA J. GARCIA**

*x Lilia Garcia*

**8/24/2010**

Typed of printed name of signee