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(Requestor's Name)
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PICK-UP WAIT MAIL
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B. KOHR NOV 1 6 2010 **EXAMINER**

Address City/State/Zip Phone #	-Ch.	10 MM & SAKE SAKE SAKE SAKE SAKE SAKE SAKE SAKE
CORPORATION NAME(S) & DOCUM		fice Use Only
1. Pleasanton V (Corporation Name) 2. (Corporation Name)	(Document #) (Document #)	
3. (Corporation Name)	(Document #)	
Walk in Pick up time Mail out Will wait	(Document #)	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Change of Registered Dissolution/Withdram Merger	d Agent
OTHER FILINGS	REGISTRATION/QUA	LIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	•
		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMI ARTICLE I - Name: The name of the Limited Liability Company is: Pleasanton Marketing LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 8280 St. John's Court 8280 St. John's Court Wellington, Florida 33414 Wellington, Florida 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lois Rendelman Name 8280 St. John's Court Florida street address (P.O. Box NOT acceptable) Wellington, 33414

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Lois Rendelman
	8280 St. John's Court
	Wellington, Florida 33414
MGRM	Rosemary Stein
	8280 St. John's Court
	Wellington, Florida 33414
(Use attachment if necessary)	
LEV. Effective date if other than the	e date of filing: (OPTIONA
	cuaicui ming

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Fred Larison, Authorized Representative of Member

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)