# L110000069238

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PICK-UP WAIT MAIL
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**EXAMINER** 

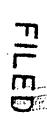
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



# **COVER LETTER**

	stration Section sion of Corporations		
SURIECT!	PCG FL LLC		
Sobole 1.		ted Liability Company	<del></del>
The enclosed	Articles of Organization and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
Chr	istopher Melillo		
<u> </u>	iotopiioi iiioiiiio	Name of Person	
		Firm/Company	
100	022 Palermo Cir # 103		
		Address	
Tam	pa, FL 33619		<b>2011</b> ŠEC (ALL)
<del></del>		ity/State and Zip Code	AR & •
poor	collegegirlsllc@gmail.com		AR SS
	·	for future annual report notification)	TARK OF ST
For further inf	formation concerning this matter, pleas	se call:	
Christoph	er Melillo	at (813 ) 7402928	55 A
	Name of Person	Area Code & Daytime Telephone Number	er
Enclosed is a	a check for the following amount:		
<b>√</b> \$125.00 Filing	g Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy 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 Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# PCG FL 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:
10022 Palermo Circle	10022 Palermo Circle
#103	#103
Tampa El 33619	Tampa FL 33619

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:

Christopher Melillo

Name

10022 Palermo Cir #103

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

Tampa

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):

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

·	
·	
Christopher Melillo	
Tampa, FL 33619	
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ate of filing:	SPION A
	usiness days
	10022 Palermo Circle #103 Tampa, FL 33619  ate of filing:

### **REQUIRED SIGNATURE:**

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.)

## Christopher Melillo

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)