Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000219066 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973 : (305)220-1440 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. PC SUPPLIERS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

HelpJ. BRYAN

SEP - 7 2011



H11000219066

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Υ.	Ŧ _	Name	
AKIRI			типп	=

The name of the Limited Liability Company is:

PC SUPPLIERS LLC

(Must and with the words "Limited Liability Company, "L.L.C.," of "LEC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3515 NW 114 Avenue Doral, Florida 33178.

3515 NW 114 Avenue Doral, Florida 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limitity Company cannot serve as its own Registered Agent; You must designate on individual or another business entity with an active Florida registeration.)

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

JOSE MARTINEZ

V-91742

3515 NW 114 Avenue Doral

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

Florida 33178

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.

siered August Signature (Accounted

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

H11000219066

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" - Manager "MGRM" - Managing Member	Name and Address:
MGRM	DIEGO BORIA 3515 NW 114 Avenue Dorel, Florida 33178
MGRM	MARIA NIEVES:PEREZ DE BORIA 3516 MW 114 Avenue Dorgi, Floride 33178
MGR	JOSE MARTINEZ
No. of the second	3515 NW 114 Avenue Doral, Florida 33178
(Use attachment if necessary) ARTICLE V: Effective date, if other than (If in effective date is fisted, the date are to or 90 days after the date of filing.)	the date of filing (OPTIONAL) it be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance wi	ember or an authorized representative of a member. th section 608,408(3), Florida Statutes, the execution constitutes on affinishion under the penalties of perjury and live in the constitutes of the constitutes o
time the them 33	Diego Boria

Filing Fees:

では、10mmの大きなできるからから、

\$125.00 Filing Fee for Articles of Organization and Designation of Paciety and Agent

- of Registered Agent \$ 30.00 Cardfied Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or pricted some of signee:

SECRETARY OF STATE