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J. BRYAN

NOV 1 0 2011

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: P&GE	Beach Propertie	es LLC	
i _h ,		ed Liability Company	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
Tomas A. I	Pila, Esq.		
		Name of Person	_
Pila Law G	roup LLC	41	
		Firm/Company	
3191 Coral	Way, Suite 401	••	المصر الما
		Address	7 7
Miami, Florid			AH O
pilalaw@bells	outh.net	y/State and Zip Code .	SEE. PA
1	E-mail address: (to be used	for future annual report notification)	1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
For further information cor	ncerning this matter, please	e call:	RATE
Tomas A. Pila		at (305) 774-630)
Name of I	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	6130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u> </u>			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns :

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	-	N	a	m	e:
TO	c			-		

The name of the Limited Liability Company is:

P & G Beach Properties 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:			
3191 Coral Way	3191 Coral Way			
Suite 401	Suite 401			
Miami, Florida 33145	Miami, Florida 33145			

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:

Name

3191 Coral Way, Suite 401

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

Miami

FL 33145

City, State, and Zip

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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)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
5 5	
MGRM	Paul Leva
	3191 Coral Way, Suite 401
	Miami, Florida 33145
MGRM	Ginny Leva
	3191 Coral Way, Suite 401
	Miami, Florida 33145
	EQ A
	LAHASSEE:
	PH 2: 5
	75 2:
	22 U
	5.0°
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days pr
days after the date of filing.)	_
REQUIRED SIGNATURE:	
<u> </u>	-H
Signature of a	member or an authorized representative of a member.
(In accordance with each	tion 608.408(3). Florida Statutes, the execution of this document

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.)

Tomas A. Pila PAUL LEVA GINNILEVA

Typed or printed name of signee

constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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)