# L12000033209

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(e).	-y	- ·· <b>,</b>
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. KOHR
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EXAMINER



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DIVISION OF CORPORATIONS

12 MAR - 7 PH L: 53

# **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:	PK Inter	net Solutions, L	LC
0020			nited Liability Company	LC SANGE
The en	closed Articles	of Organization and fee(s) an	e submitted for filing.	ک
Please	return all corre	spondence concerning this m	atter to the following:	3
		Pau	I R. Kishter Sr.	
			Name of Person	
		PK Inte	rnet Solutions, L	LC
			Firm/Company	
		180	Francis Dr. NE	
•			Address	
		Port C	harlotte, FL 3395	2
		C	City/State and Zip Code	
_		pkis	hter@earthlink.net	**************************************
			for future annual report notifi	cation)
For fur	ther information	concerning this matter, plea	se call:	
	Paul F	R. Kishter Sr.	at ( 941 ) Area Code & Days	766-9667
	Name	e of Person	Area Code & Day	time Telephone Number
Enclos	ed is a check f	For the following amount:		
\$125.00	Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is encl	Certificate of Status &
		Mailing Address	Street/Courier A	Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# PK Internet Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ıny is:

ARTICLE II - Add The mailing address		incipal office of the Limited Liability Compa
Principal Office Ac	·	Mailing Address:
180 Francis Dr. NE Port Charlotte, FL 33	3952	180 Francis Dr. NE Port Charlotte, FL 33952
ARTICLE III - Re (The Limited Liability Con- business entity with an ac	mpany cannot serve as its own Regist	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Fl	lorida street address of the re	egistered agent are:
	Paul R. Kis	hter Sr.
-	Name	
	180 Francis	s Dr. NE
-	Florida street add	ress (P.O. Box NOT acceptable)
	Port Charlotte	<sub>FL</sub> 33952
-	City, Sta	ite, 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:

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM	_	Paul R. Kishter Sr.  180 Francis Dr. NE  Port Charlotte, FL 33952
	_	
	<del></del>	
(Use attachment i	·	
LE V: Effective d	ate, if other than the ed, the date must be te of filing.)	e date of filing: (OPTION de specific and cannot be more than five business d
CLE V: Effective deffective date is listed and days after the days	late, if other than the ed, the date must be te of filing.)  SNATURE:	e date of filing: (OPTION be specific and cannot be more than five business described by the state of a member.
CLE V: Effective deffective deffective date is listed days after the days after t	signature of a member that any false information under are that any false information at the signature of th	e specific and cannot be more than five business d

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)