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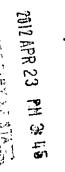
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filips Officer: UNT
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EXAMINER
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COVER LETTER

Registration Section

TO:

Division of C	orporations			
SUBJECT:	PCR Online	Enterprises,	LLC	
30 0 0000000000000000000000000000000000	Name of Limited	l Liability Company		
The enclosed Articles of	of Organization and fee(s) are su	ibmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
r lease return an corres	pondence concerning this matte	to the following.		
	Pa	atrick Roy		
		Name of Person		20 20
	PCR Online	e Enterprises,	ПС	7112 MR 23 P
		Firm/Company	,	The state of the s
				The second
	2419	SW 31st PL	,,,	en en
		Address		
	Hallandale	Beach, FL 330	009	
		State and Zip Code		
	parrickr	oy@bellsouth.ne	∍t	
	E-mail address: (to be used to			
For further information	concerning this matter, please	call:		
Pa	trick Roy	at (954)	965 0925	
Name	of Person		ytime Telephone Nun	nber
	2 4 24 .			
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee &	✓ \$155.00 Filing Fee Certified Copy		0 Filing Fee, cate of Status &
	Certificate of Status	(additional copy is enc	closed) Certific	ed Copy nal copy is enclosed)
	Mailing Address	Street/Courier	Address	
	Registration Section	Registration Sec	ction	
	Division of Corporations P.O. Box 6327	Division of Cor Clifton Buildin	•	
	Tallahassee, FL 32314	2661 Executive		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	IC.	L	E	I	_	N	am	e:
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The name of the Limited Liability Company is:

PCR Online Enterprises, 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 Ac	l <u>dress:</u>	Mailing Address:		
2419 SW 31st PL		2419 SW 31st PL	帮	2012
Hallandale Beach, F	L 33009	Hallandale Beach, FL 33009	[-(3)	
(The Limited Liability Conbusiness entity with an ac	npany cannot serve as its own Registe	-	Signat dual orian	28 11 23 17
	2419 SW 3	31st PL		
-	Florida street add	ress (P.O. Box NOT acceptable)		
	Hallandale Beach	_{FL} 33009		
-	City, Sta	te, 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)

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	ALL APR
MGRM	Patrick Roy	23
	2419 SW 31st PL Hallandale Beach, FL 33009	रें के अ
	rialianuale Beach, 7 E 33003	5
	1	
(Use attachment if necessary)		
•	date of filing: (C	PTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (C	PTIONAL) iness days p
CLE V: Effective date, if other than the	date of filing: (C	PTIONAL) iness days p
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (Ce specific and cannot be more than five bus	OPTIONAL) iness days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five bus	PTIONAL) iness days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (Conservation of a member.	OPTIONAL) iness days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	e specific and cannot be more than five bus	nent ire 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)