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Special Instructions to	Filing Officer:	.,2
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SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2012

PAULA Y. PITTMAN 531 EAST EL PASO AVE. CLEWISTON, FL 33440

SUBJECT: PGB LLC

Ref. Number: W12000033343

We have received your document for PGB LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P03000048817.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 012A00017115

www.sunbiz.org

COVER LETTER

Division of Corp				
SUBJECT: PGB L	LC			
· ·		ed Liability Comp	any	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing	g.	
Please return all correspond	dence concerning this mat	ter to the following	;;	
Paula Y. F	Pittman			
		Name of Person		
PGB LLC				
		Firm/Company		
531 East	El Paso Ave			
		Address		
Clewiston, Fl	33440			SEC.
naula nci@ei	cir mbarqmail.com	y/State and Zip Code	;	E TAR
<u>padia.poi@oi</u>	E-mail address: (to be used t	for future annual repo	ort notification)	
For further information cor	ncerning this matter, please	e call:		PLOR
Paula Y Pittman		at (863	983-6300	
Name of I	Person	Area Code	& Daytime Telephone Nur	nber
Enclosed is a check for t	he following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional copy	py Certific y is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B	ourier Address on Section of Corporations uilding ecutive Center Circle	

Tallahassee, FL 32301

and the second second

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Compan	y is:		
PGB-LL C	Pittman	Holding	SII, LLC	
(M	ust end with the words "Limited	Liability Company, "L.L	.C.," or "LLC.")	
ARTICLE II - Ad	ldress:			
The mailing address	ss and street address of tl	he principal office	of the Limited Liability Comp	any is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:		
531 E El Passo Ave	531 E El Paso Ave Clewiston, Fl 33440		
Clewiston, FI 33440	Clewiston, FI 33440		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address James L Pittman	wn Registered Agent. You must designate an indivor		FILED
	Name	 3 3 3 3 3 3 3 3 3 	
531 E El Pa	so Ave		
Florida s	treet address (P.O. Box NOT acceptable)		
Clewiston	_{FL} 33440		
- · · · · · · · · · · · · · · · · · · ·	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)

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

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

Title:	Name and Address:	
"MGR" = Manager		老然 5
"MGRM" = Managing Member		二分 色
MGRM	Paula Y Pittman	HAN -
	531 E El Paso Ave	<u> روزين</u>
	Clewiston, FI 33440	- FO 3
MGRM	James L Pittman	95
	531 E El Paso Ave	8m
	Clewiston, Ft 33440	317
		-
(Use attachment if necessary)		
(acc anacimient is necessary)		
LE V: Effective date, if other than the	ne date of filing: 06/13/2012	(OPTIONAL)
Footive data is listed, the data must	be specific and cannot be more than fi	
decuve date is disteu, the date must		
days after the date of filing.)	•	

REQUIRED SIGNATURE:

to

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.)

Paula Y. Pittman

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)