#4938 P.001/003

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.

(((H120002252173)))



H120002252173ABCW

Note: DO NOT bit 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 : LAZAROS 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 KINGS LLC

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

Electronic Filing Menu

Corporate Filing Menu

He,

T. HA

| | H1200 | 0225217. | • | |
|---|--|---|-------------------------------------|--------|
| ARTICLES OF O | RGANIZATION FOR F | LORIDA LIMITED LIABILITY COM | IPANY | |
| ARTICLE I - Nam The name of the Lir | e: nited Liability Company is | · * | | |
| PC K | ings LLC | ility Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Add | lress: | orincipal office of the Limited Liability Co | ompany is: | : |
| Principal Office A | idress: | Mailing Address: | | |
| 15724 SW MIAMI, FL | 85 ln 33193 | 15724 SW 85 Ln MIMMI, FL 33/93 | | |
| (The Limited Liability Co | | ed Office, & Registered Agent's Signatuistered Agent. You must designate an individual or anot | | |
| The name and the F | lorida street address of the | | | |
| | Frank Cha | varria | | |
| | | | | |
| • | 15724 SW | SS Ln dress (P.O. Box <u>NOT</u> acceptable) | | |
| | Florida street ac | Idress (P.O. Box <u>NOT</u> acceptable) | | |
| | (1/1/4711) FU | FL 33/93 tate, and Zip | | |
| liability compar registered agent an statutes relating to | d as registered agent and to ty at the place designated in d agree to act in this capact to the proper and complete p | accept service of process for the above sta this certificate, I hereby accept the appoint ity. I further agree to comply with the provi performance of my duties, and I am familiar istered agent as provided for in Chapter 60 | ment as isions of al with and | 'I |
| | | | | |
| | Registered Agent's Sign | ature (REQUIRED) | | |
| · | (CONTE | | DIVISION O | SECRET |
| • | Page 1 of | f2 | | YRA |

H12000225217

H 1 2 0 0 0 2 2 5 2 17

| <u> Fitle:</u> | Name and Address: |
|--|---|
| 'MGR" = Manager 'MGRM" = Managing Membe: | |
| | |
| MGIRM | Jon-Derek Hortvondo |
| | MIRMI FL 33193 |
| MGRM | Frank Chavarria |
| | 15724 SY 85 LA |
| | MIAMI, FL 33193 |
| | |
| | |
| | |
| | |
| | • |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Effective date, if other the | |
| LE V: Effective date, if other th | nan the date of filing: |
| LE V: Effective date, if other the fective date is listed, the date in | |
| LE V: Effective date, if other the fective date is listed, the date in | |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) | |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: | nust be specific and cannot be more than five business days p |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: | |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmatic I am aware that any false.) | nust be specific and cannot be more than five business days p |

Page 2 of 2

H12000225217

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 SEP | PM 7: 07