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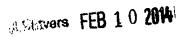
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Division of C	Section Corporations	(4	
SUBJI	ECT: <u>PCRC (</u>	Consulting, LLC Name of Lir	nited Liability Company	
		of Organization and fee(s) as	_	
	<u>Cathie</u> F	Rising-Clarke	Name of Person	· · · · · · · · · · · · · · · · · · ·
	PCRC C	onsulting, LLC	Firm/Company	
	PO Box s	560278	Address	
	<u>Orlando.</u>	Florida 32856-0278	lity/State and Zip Code	···
	larke imhc@c	mail.com E-mail address: (to be use	d for future annual report notific	cation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Cathie	e Rising-Clark Nan	at (407) <u>855-4028</u> Area Code Daytime To	elephone Number
Enclos	ed is a check fo	r the following amount:		
□ \$125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address	Street/Courier Add	<u>dress</u>

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 COMPANY

PCRC Consulting, L			
()	Must end with the words "Lim	ited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Addre The mailing address ar		al office of the Limited Liability (Company is:
Principal Office Add	ress:	Mailing Address:	
2750 Taylor Avenue		PO Box 560278	
Orlando, Florida 328	306	Orlando, Florida 32856-	0278
	•	ame	70
	2607 Overlake Avenue Florida street address (P.O.	Boy NOT acceptable)	
	Florida street address (1.0.	 •	
	Orlando	FL 32806	. J., J
	O.	/16	and the same
	City	Zip	\$17 m

(CONTINUED)

Page 1 of 2

AMBR — Authorized Member MGR — Manager MGR — Cathie Rising-Clarke 2607 Overlake Avenue Orlando, Fla 32806 AMBR — Peta Clarke 2607 Overlake Avenue Orlando, Fla 32806 — Orlando	AMBR* = Authorized Member MGR	Title: "AMBR" = Authorized Member	Name and Address:
MGR Cathie Rising-Clarke 2607 Overlake Avenue Orlando, Fla 32806 AMBR Pete Clarke 2607 Overlake Avenue Orlando, Fla 32806 Use attachment if necessary) E.V. Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or all authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Cathie Rising-Clarke Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR Cathie Rising-Clarke 2607 Overlake Avenue Orlando, Fla 32806 AMBR Pete Clarke 2607 Overlake Avenue Orlando, Fla 32806 Use attachment if necessary) E.V: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or all authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Cathie Rising-Clarke Typed or printed name of signce	DAGDIL AA	
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