## #14000064968

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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K. SALY EXAMINER APR 2 % 2014

## **COVER LETTER**

SUBJECT: PB Tech GROUP LLC  Name of Limited Liability Company
Name of Emmed Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK TBRAHIM Name of Person
PB TECH GROUP LLC
Firm/Company
3081 SANTA MAKGRITA RA
WEST PALM BEACH, FC, 33411 City/State and ZipCode
MARKOMNIB. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK IBRAHIM at 617 877-0566  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

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

TO:

Registration Section Division of Corporations

> Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

Certified Copy (additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
	LC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:  3081 SAWTA MARLARITA RA	Mailing Address:  3081 SANTA MARKARITA RA.
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a  MARK TBN  Name  SAN1  Florida street address (P.O. Box Mest PALM BEACH	RAHIM  A MAKUARITA RATE  TO THE SECOND TO TH
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	KAREN RAYMONE 3081 SANTA MARGARI WEST PALM BEACH, FL/30
(Una attachment if nagagonati)	
(Use attachment if necessary)  LE V: Effective date, if other than fective date is listed, the date must of filing.)	the date of filing: 4/25/14. (OPTIONAL) at be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than fective date is listed, the date must of filing.)	
E V: Effective date, if other than elective date is listed, the date must of filing.)  E VI: Other provisions, if any.	
E V: Effective date, if other than rective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree	

Page 2 of 2