## L14000118750

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pare of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARTIN E Colon Name of Person
Rollin Rick's
Firm/Company
27610 Sugar LOAF DRIVE
City/State and Zip Code  Collin (ICKs (A) G Mall, Com  E-mail address: (to be seed for future annual report notification)
For further information concerning this matter, please call:
Martin Colon at S16 270 7826  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fec
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PJ RICK'S	- 60 C
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
27610 SUGAR TOAF Dr WOSLEY CHAPET FLORIDA 33544	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother 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 ag	gent are:
Martin Colon Name  27610 Super lo  Florida street address (P.O. Box N	
27610 Sugar lo	af dr
westey Chapel City	<u>FL 33 544</u> Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the oblige	ce of process for the above stated limited liability company a he 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, FIS
Registered Agent's Signatur	re (REQUIRED)
(CONTINUED	<b>》</b>
Page 1 of 2	25 8

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	martin E Colori
PHDIC	27612 SZGAT 1012 DC
	Wesley CHADEL 33544
0 1 0	_
Anbe	PANA Hodson
	27610 SIGAT DAP Dr
	Wesley Chipel 33544
	·
CV: Effective date, if other than the ctive date is listed, the date must b	date of filing: 09/01/2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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f filing.) E. VI: Other provisions, if any.	date of filing: 09/01/2014 (OPTIONAL) c specific and cannot be more than five business days prior to or 90
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