14000119080

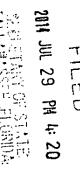
(Requ	iestor's Name)	
(Addr	ess)	<u> </u>
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Rusir	ness Entity Nar	ma)
(Dusii	less Endty Ival	ne,
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



000262640690

07/29/14--01017--011 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CT: PJCRE LLC Name of Lir	nited Liability Company	
The encl	osed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all correspondence concerning this m	atter to the following:	
	Patricia J. Clay	Name of Person	
	PJCRE LLC	Firm/Company	
	,	1 mile company	
	3413 Chantarene Dr	Address	
	Pensacola, Florida 32507	ity/State and Zip Code	
_psh	3653630@gol.com	d for future annual report notifica	tion)
For furth	er information concerning this matter, plea	ase call:	
<u>Patricia</u>	J. Clay at ()	850 <u>974-0261</u> Area Code Daytime Tel	ephone Number
Enclosed	is a check for the following amount: Filing Fee \$\sum \text{\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
PJCRE LLC (Must and with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
(Must end with the words Climited L	Diagnity Company, "L.L.C.," or "LLC."		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3413 Chantarene Dr Pensacola, Florida 32507	Same		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	tegistered Agent. You must designate an individual or	211	
Patricia J. Clay	**************************************		
Name	ଶ୍ୱିକ (% । जीव जाते 278 जात		1
3413 Chantarene Dr		29	Ī
Florida street address (P.O. Box 1	NOT acceptable)		I
Pensacola	FL 32507	PH 4	
City	Zip Signatura	2	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	the appointment as registered agent and agree to act in fall statutes relating to the proper and complete perforn	this mance	

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	Name and Address.
MGR" = Manager	
MGR	Patricia J. Clay
NOIX	2412 Chapterene Dr
	3413 Chantarene Dr
	Pensacola, Florida 32507
	·

Use attachment if necessary)	
Use attachment if necessary) V: Effective date, if other than the date of the date is listed, the date must be sperfilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be spe	of filing: (OPTIONAL) recific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized depresentative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 90 days afte
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized epresentative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rate penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State was provided for in s.817.155, F.S.)