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Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : GEOFFREY M. WAYNE, P.A.
 Account Number : 076770003401
 Phone : (305)381-8108
 Fax Number : (305)381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MFG@ABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO.
 PC Outlet Supplies & Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

STATE OF FLORIDA
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PC Outlet Supplies & Services LLC

ARTICLE II- Address:

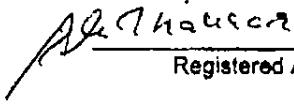
The mailing address and street address of the principal office of the Limited Liability Company is: 2169 NE 163 Street, North Miami Beach, FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Amin B Thakkar
 2169 NE 163 Street
 North Miami Beach, FL 33162

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


 Registered Agent's Signature
ARTICLE IV – Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
 AMBR/ P

Name and Address:
 Amin B. Thakkar
 1333 E Hallandale Beach Blvd.
 April Song #416
 Hallandale, FL 33009

AMBR/ VP

Akbar A. Lalani
 Old Kampala Road
 Haji's Building Unit 7
 P.O. Box No. 37587
 Kampala – Uganda

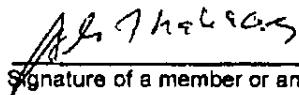
Manager

Janine M. Dacosta
 1483 SW 85 Terrace
 Pembroke Pines, FL 33025

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 TALLAHASSEE, FLORIDA

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ARTICLE V – Effective date, if other than the date of filing: _____**ARTICLE IV – Other Provisions, if any:** _____

 Signature of a member or an 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.)

Amin B. Thakkar

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