# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000205967 3)))



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### FLORIDA LIMITED LIABILITY CO. PDA GST, LLC

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## H14000205967 3

#### COVER LETTER

SUBJECT: PDA GST. LLC		
Name of Li	mited Liability Company	;(`} ⊖
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Please return all correspondence concerning this n	natter to the following:	
Chevenne Moseley		#10 F
	Name of Person	(24 ) 2 ***********************************
LegalZoom.com, Inc.		• •
<u> cegaizoom.com, inc.</u>	Firm/Company	
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100 W Broadway, Sulte 100		
	Address	
Glendale, CA 91210		
•	City/State and Zip Code	
onlinefilings@legalzoom.com E-mail address: (to be use	ed for future annual report notifice	ntion)
For further information concerning this matter, ple	ease call:	
Chevenne Moseley at (	323 ) 962-8600 ext 762	25
Name of Person		lephone Number
Enclosed is a check for the following amount:		
\$125.00 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	Street/Courier Add Registration Section	<u>1'ess</u>
Registration Section	Registration Section	. 7

Mailing Address
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

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
PDA GST, LLC		2814 SEP
	s "Limited Liability Company, "L.L.C.," or "LLC.")	<u> </u>
(Midst end with the words	s calificed triability Company, E.E.C., or E.C. )	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Company is:	3.4
		空华 强
Principal Office Address:	Mailing Address:	
340 Polmer Park Rd.		12) Z
Palm Beach, FL 33480		
Tami bagain i e boyou		r
		<del></del>
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:	
	as its own Registered Agent. You must designate an i	ndividual or 🕟
another business entity with an active Florida i	registration.)	
The name and the Florida street address of the	venireau di agneti agn	
The name and the Profids street address of the	registered agent are.	
Robert L. Fromer		
•	Name	
340 Polmer Park Rd.		
Florida street address	(P.O. Box NOT acceptable)	
Palm Beach	FL 33480	
City	Zip	
		Hart Die ausensens auf
Having been named as registered agent and to	accept service of process for the above stated limited wby accept the appointment as registered agent and a	naonny company ai
ornaity. I further cover to comply with the p	rovisions of all statutes relating to the proper and con	ulete performance
of my duties, and I am familiar with and acco	ept the obligations of my position as registered agent of	s provided for in
.,,	Chapter 605, F.S.,	•
سر	7. 1	
	oftena	
	A C' A A A A DECLARED	
•	nt's Signature (REQUIRED)	
Re	obert L. Fromer	
(Co	ONTINUED)	

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<u> Title:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Phillip J. D'Angelo GST U/W/O Phillip J. D'Ar
AMBR	
	trust was formed 12/05/08 3/10 Pulmer Park Rd.
	Palm Beach, FL 33480
	**************************************
	¥-te
	*****
	10 m
	<u> </u>
V: Effective date, if other than the da ctive date is listed, the date must be a	te of filing:
EV: Effective date, if other than the da ctive date is listed, the date must be a f filing.)	te of filing:
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ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the dately edate is listed, the date must be a filling.) EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a magnetic constitutes an affirmation unlama aware that any false infe	pecific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the dactive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a n  (In accordance with section constitutes an affirmation unlam aware that any false infeconstitutes a third degree felo	nember or an authorized representative of a member.  505,0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
EV: Effective date, if other than the dately date is listed, the date must be a filling.) EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a n  (In accordance with section constitutes an affirmation unlam aware that any false infeconstitutes a third degree felo	nember or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, only as provided for in s.817.155, F.S.)  108.0203 (2) (3) (4) (5) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7