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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

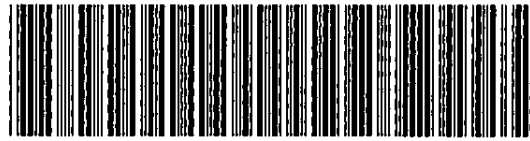
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

NOV 19 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PD Enterprises, LLC
Name 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:

Peter Davidson ~~II~~
Name of Person

PD Enterprises, LLC
Firm/Company

235 NE 48th St
Address

Miami, FL 33137
City/State and Zip Code

Peter.DavidsonII@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Davidson ~~II~~ at (202) 302-7489
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PD Enterprises, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

235 NE 48 St
MIAMI, FL 33137

Mailing Address:

235 NE 48 St
MIAMI, FL 33137

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter Davidson #

Name

235 Ne 48th Street

Florida street address (P.O. Box NOT acceptable)

Miami

City

FL

33137

Zip

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Peter Davidson

235 NE 48 St

Miami, FL 33137

Linda Reese-Davidson

2210 Sudbury Road NW

Washington, DC 20012

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Peter Davidson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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November 5, 2014

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

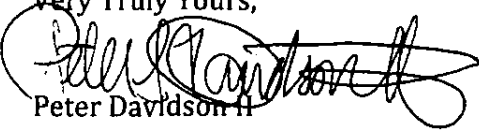
To Whom It May Concern:

My name is Peter Davidson, and I am the Principal Partner of PD Enterprises, LLC. Our primary business venture will be product development, with the first product being patented shortly.

Contact information for PD Enterprises, LLC is the following:

PD Enterprises, LLC
235 NE 48th Street
Miami, FL 33137
(202) 302-7489

Very Truly Yours,



Peter Davidson II
PD Enterprises, LLC
Principal Partner

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TALLAHASSEE, FLORIDA

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